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ABSTRACT

At the International conference on Social Work Education, Population, and Family Planning, convened at the East-West center in Hawaii under the sponsorship of USA/AID in 1970, specific recommendations were made in regard to the need for extensive work in the development of qualified social work manpower for population and family planning responsibilities under regional and international auspices. This conference report contains the papers delivered at the conference whose topics cover: new opportunities for social work education; social welfare; family planning; population activities; social work curriculum at graduate and undergraduate levels; field learning; and continuing education. The appendices include the program of the second seminar and a list of participants. (Author/PG)

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A DEVELOPMENTAL OUTLOOK FOR SOCIAL WORK EDUCATION

A Report of a Seminar on
"Maximising Social Work Potentials
for Family Planning and
Population Activities"
Held in Singapore,
November 5-15, 1973

INTERNATIONAL ASSOCIATION OF SCHOOLS OF SOCIAL WORK
345 East 46 Street New York, N.Y. 10017

1974

Foreword

This volume is a record of a Seminar which served, for those of us who took part in it, as a pause for refreshment on a journey. To be a social worker is, in many ways, to be destined for a pilgrimage without an end. Sometimes it may seem to others that it is the quest for a just, equal, and perfect social order which draws us on even as, long ago, eyes strained to the horizon for a blissful glimpse of the jewelled shrine. Yet we know that for us there is no shrine, no perfect society at the end of the road. Each seeming achievement brings new challenges and new roles to be fulfilled; from time to time, even the road caves in and new routes must be explored. Chaucer's pilgrims paused for gaiety and frolic, Bunyan's for meditation and prayer. No doubt we could use our share of all of these, but our pauses must also serve other needs. To this Second Asian Regional Seminar we brought our questions—what have we learned and achieved so far? Where do we go from here? And at the Seminar, we found some answers; minds met on professional issues and thus allowed us to explore new directions in our field. In sharing the knowledge we have gained so far and in taking part in plans for tasks to come, we found zest for new ideas and strength to carry us on the road ahead but, as always, we were left with other questions and other problems to take back with us for testing and for mulling over as we again started to move ahead.

When Singapore was proposed as the venue for this Seminar, there was reason for both delight and trepidation on the part of the small and struggling host school. The preparations beforehand and the Seminar itself proved in countless ways to be an experience never to be forgotten. We trembled, we strived, we learned, we grew, we rejoiced. Undoubtedly, we also stumbled and we erred. But, by the energy and tolerance of the Planning Committee, and by the enthusiasm and the drive of our Chairman, Dr. Angelina Almanzor, we were ever encouraged. In the resilience and stimulating contributions of all who attended, we gained inspiration; in the recollection of their good nature and good fellowship, we have a cherished reward.

Ann Wee
Department of Social Work
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January, 1974

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Introduction

At the International Conference on Social Work Education, Population, and Family Planning convened at the East-West Centre in Hawaii under the sponsorship of USA/AID in 1970, specific recommendations were made in regard to the need for extensive work in the development of qualified social work manpower for population and family planning responsibilities under regional and international auspices. This challenge was immediately picked up by the IASSW with a comprehensive proposal for the educational development of its member schools. Within the context of a central plan, the need to involve social workers for effective participation in family planning and population activities was translated into a project which involves three recurring cycles of activity over a five-year period. The first cycle occurs within the Asian schools, the second and the third cycles in the Latin American/Carribean and African schools.

Recognising the fact that the major problem of the profession in this area lies in the inadequate preparation of social workers for family planning and population activities, the project plan was divided into three major work phases:

1. Preparatory curriculum development by selected individual schools of social work concentrating on total curricular needs of programmes for basic social work education.

2. Organisation of regional conferences on social work education to make use of the technical expertise and help of international/regional consultants and colleagues.
3. Organisation of an international workshop to share the results of the experience in the regions.

Following this plan, the IASSW, with the Association of Schools of Social Work in India, co-sponsored the first Asian Regional Seminar in 1971, with the Nirmala Niketan School of Social Work, Bombay University, serving as the host school. Under the broad theme of curriculum development and teaching, three content areas were examined: (1) curriculum development with reference to social development, population problems, and family planning and social work research; (2) educational methods and teaching materials; and (3) the learner in social work education.

Immediately following that seminar, the IASSW family planning project was launched in Asia. The crucial preparatory years were 1972 and 1973; for the most part, the activities were centered on preparing the schools for the anticipated changes in the overall curricular objectives and goals in social work education. This was considered a most important step after the discovery that in Asia the schools of social work – or, for that matter, the social workers as a professional group – have hardly been tapped for family planning responsibilities. The primary reason for this was a realistic acceptance of the fact that, in family planning, social workers "could not give what they did not have."

Under the IASSW Project, eleven countries and twenty-one schools were visited within a period of eighteen months to obtain a first-hand view of progress and problems in social work education. Following the selection of pilot schools, national faculty workshops were organised in Korea, the Philippines, Indonesia, and Thailand. Individual pilot schools conducted faculty development programmes and international resource teams helped in the examination, updating, and upgrading of the curricula of schools of social work. By the end of 1973, most of the pilot schools had managed to set up a five-year plan of work. Also, encouragingly enough, curricular provisions including family planning and population activities were recorded and the schools started producing indigenous teaching materials.

The Singapore Seminar was, in a way, the first Activities Report Meeting of schools participating in the IASSW family planning project. A committee which met in Singapore in March, 1973, planned the programme in order to give the pilot schools the opportunity to meet together and to share and analyse experiences in their first year of activities.

To attain this goal on a regional basis, the objectives of the Seminar

were set as follows:

1. To enable pilot schools to share and analyse experiences, including progress, problems, and future plans;
2. To provide a setting for the analysis of shared experiences, to gain a new perspective;
3. To assay/explicate the role and enhance the contribution of social work in family planning and population activities within a developmental context;
4. To promote the production, exchange, and use of indigenous educational resources;
5. To strengthen teaching-learning processes in family planning and population activities; and
6. To work on the guidelines and procedures for effective pilot-project evaluation.

Usually, the schools of social work go about undertaking curricular activities without consciously alloting or including time for recording the process gone through. This time the preparations for the Seminar gave the *raison d'être* for the documentation of actual work done by and going on in the schools of social work. These materials were freely shared with the other schools during the Seminar-Workshop.

Integrating family planning in the social work curriculum has indeed opened the avenue toward a realistic re-examination of the total learning experiences in social work education. More important, there grew an increasing awareness of the necessity for writing down experiences and these would eventually constitute the raw materials which could be the source and the beginning of formal teaching materials.

There were four major papers presented during the seminar week. As it became increasingly clear that social work has been seeking for new directions to keep pace with changing needs and changing environmental pressures and requirements, Dr. Katherine Kendall, in her timely paper, provided the appropriate conceptual framework to pave the way and direct the focus to prevention and development in social work education.

Dr. Herman Stein's paper provided some of the needed answers in response to field queries on certain preconceived notions that the social worker's inability to give full support to family planning as part of an overall development plan may be traceable to an inadequate understanding of the values and ethics involved, as seen in the context of national aspirations. He unraveled and helped resolve some of the ethical issues and problems related to social development within the context of some of the traditional values permeating the Asian way of life.

Mr. Meher Nanavatty gave a comprehensive report on the U.N.'s

family planning programme and activities in the region. He gave an updated view on the U.N. approaches and thrusts to effect macro-level changes in the different countries. He also shared his ideas on the relationship of family planning and family welfare within the developmental context.

Finally, Mr. S.H. Pathak's paper on the role and contribution of social work, with particular reference to India, noted that social workers were performing multiple and varied functions but that they were noticeably working mostly in traditional settings. In most of the countries in Asia, social workers are only beginning to be involved in national family planning programmes.

Although these papers provided the stimulation for discussion during the workshop week, the proceedings of this Seminar will reflect the total substantive content of what transpired in the two-week meeting. The general rapporteur has faithfully reviewed the reports so patiently prepared by the chairmen and rapporteurs assigned in every discussion group. It is only appropriate to mention here that the twenty-one pilot schools were actively involved in the total planning and implementation of Seminar activities. Likewise, the quality of participation during the meetings amply demonstrated the deep commitment and serious consideration given by the educators to the family planning and population concerns in Asia.

This Seminar has involved a number of people very deeply. It is hoped that the experience of working together shall spur social work educators involved in the IASSW Project to work harder and better than before. We express our feelings of gratitude to IASSW for making Asia a show-piece in this international project for the training of social workers in family planning and population.

Dr. Angelina C. Almanzor
Asian Regional Representative
International Association of
Schools of Social Work

February, 1974

Acknowledgements

Whenever meetings of this size and complexity are held, their success usually depends on a gallant and, often, overworked group of people who devote much time and effort to ensure that all runs smoothly. It has been no different at this seminar, and I wish to take this space to give our heartfelt thanks to all those who made the Second Asian Regional Seminar the success that it was.

Our meeting was held in Singapore largely due to the efforts of Mrs. Ann Wee, Director of the Department of Social Work at the University of Singapore. I am not sure that she knew what she was in for when she agreed that the Department would host the Seminar, but the depth of her interest and the success of her efforts were evident at every turn. Throughout, she was ably assisted by the faculty of the Department, as well as by Mrs. Chang Bang Choo, who served as the Administrative Officer for the Seminar, and the social work students, who met planes and were ever present as helpful guides and assistants.

An outstanding job was done by the Planning Committee for this Seminar,* with Angelina C. Almanzor and Ann Wee serving as Co-Chairmen, nor can we ignore the heavy burden carried by Dolores B. Lasan, assisted by Esther C. Viloria, as general rapporteur for the

*See "List of Participants", p. 171, for members of Planning Committee.

Seminar. We also wish to give special thanks to The Honourable Mr. Justice Tan Boon Chiang, Vice-Chairman of the Council of the University of Singapore, for opening the Seminar on the appropriate note.

As in any major undertaking such as this, finances are an important concern. Major financial assistance was provided as part of the ongoing IASSW Project to Develop Qualified Social Work Manpower in Population and Family Planning Activities, a project funded by the U.S. Agency for International Development. The cost of participants to attend the Seminar was met by AID; other financial assistance was provided by the Asia Foundation, the Family Planning Association of Singapore, and the Lee Foundation in Singapore.

Organisational assistance for the Seminar was provided by the staff of Eusoff College, on the grounds of which the Seminar was held and participants housed. We are especially grateful to Dr. Eileen Aw, the Principal, and Mrs. Chan, the Domestic Bursar, and we extend thanks also to the Bursary staff of the University of Singapore, particularly Miss Barbara Kong, the Bursar.

Field trips and other assistance were provided by the staff of the Singapore Family Planning and Population Board, especially Dr. Wan Fook Kee (Chairman), Dr. D.I. Pakshong, and Dr. Ann Lee; and the National Family Planning Board of Malaysia, especially Dr. Shamsuddin bin Abdul Rahman, the Director.

Seminar participants were deeply impressed with the fine hospitality offered in Singapore, and in this regard, we are indebted to the Singapore Association of Social Workers, especially Mr. Goh Kee Siang, Chairman of the "After Five" Committee, which provided Seminar participants with highly enjoyable cultural entertainments as well as hospitality; Mr. Ee Peng Liang, President of the Singapore Council of Social Service, for personally hosting a dinner to enable Seminar participants to meet members of the Board of the Council; the Society of Social Work Students for a splendid tea; and "Home Hospitality" hosts and hostesses: Mr. and Mrs. Chao Syh Kwang, Mrs. S.S. Chen, Mr. and Mrs. M.J. Namazie, Prof. and Mrs. S.S. Ratnam, Mrs. Tan Kim Neo, Dr. and Mrs. L.H. Thung, Mr. and Mrs. S. Vasoo, and Miss Irene Yong.

Individuals to whom special thanks are due for their contribution to the Seminar include: Professor S.S. Ratnam, Professor of Obstetrics and Gynaecology, University of Singapore, and Chairman of the Family Planning Association of Singapore, for his advice and encouragement, help in fund-raising, and help with visits for Seminar participants; the Honorary Accountant to the Seminar, Mr. Chang Wing Seng; and the Honorary Physicians to the Seminar, Dr. Foo Choong Khean and Partners, and Dr. Thung Leong Hooi.

Finally, I wish to express the gratitude that we all felt to those Seminar participants who served in special capacities, such as discussion leaders and recorders, and to all the Seminar participants as a whole, for the many, many ways in which they contributed to the significant success of this Seminar.

Katherine A. Kendall
Secretary-General
International Association of
Schools of Social Work

Opening Remarks

TAN BOON CHIANG

With the increasing sophistication and development in most of our Asian communities, it is inevitable that social work and social service must eventually be elevated to a higher level of professionalism, and more and more will there be dependence upon the expertise found in such work and service. A greater emphasis is even now being laid upon the need to have trained social workers in community service to assist in the handling of the complex problems affecting both the family and the community in fast-developing urban and industrialised settings, and even in agricultural situations. As an answer to pressing problems, the trained social worker can bring norms for practical application to these situations. To that extent, this Seminar to consider how social work potentials can be maximised for family planning and population activities will contribute positively toward the fulfillment of some fundamental national policies. It is equally true, however, that the value of trained social workers in other fields of community service—particularly in relation to youth—can never be emphasised enough.

One of the major tasks of social work and service at this time seems to be the need to find the balance between the expertise of the trained social worker and the lack of trained skills of a whole host of volunteer

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The Honorable Mr. Tan Boon Chiang is Deputy Chairman of the Council of the University of Singapore, Singapore.

helpers and workers without whom social work and community service in most Asian regions could not be implemented. The emphasis on professionalism in social work and service should, in my view, be balanced with the realities of the social situation in order to ensure the maximum progress and a meaningful future for our teeming communities in Asia. There must be that judicious mixture of trained attitudes and volunteer zeal to bring forth the best possible service to the community. It is necessary, in the implementation of social work within our various communities, that the professional should work in close proximity with the non-professional. The lead which the professional should provide must be tempered with the kind of human understanding and involvement that the volunteer can provide. Service to the community enables the trained social worker to assess the potentials available for drawing out the best in volunteer effort. The trained social worker would not advance his cause if he took the attitude that all social work and community service, by virtue of the complexity of the problems involved, should only be handled by trained personnel.

No government with a regard for priorities could ever provide sufficient finances for all the community efforts which could be planned in any one territory. It should be the underlying duty of the trained social worker to plan his efforts so that volunteer contributions, whether in cash or in kind, can be extracted from the community to help supplement and fulfill the social programmes so vital for the general and social well-being of that community. The training of the social worker must and should be broadened, so that he is provided with the skills for seeking ways and means of drawing out the best from the community for the assistance of the less fortunate members as well as for the ultimate general well-being of everyone. Only then can it be said that social work training has maximised not only the potentials of social work and service of whatever nature, but also the implementation of those potentials. The success of implementing these potentials will largely depend upon how social plans are popularised so that not only is a wide volunteer effort forthcoming, but also the necessary supporting finances which can, in addition to whatever governmental support can be mustered, supplement necessary projects.

Most of those attending this Seminar are teachers in schools of social work in Iran and Turkey in the West, and Korea, Japan, the Philippines, and Indonesia in the East. It has always been my view that the crying need for social service in all the various communities requires the maximising of all talent available, to such an extent that university teachers and faculty members, in addition to teaching

duties and research contributions, should seriously consider involvement in the practical field of social work, perhaps in an extra-curricula capacity. No one can deny that in the field of social work the harvest is plentiful, but the workers are few. Is there a territory within the Asian region which does not face a crying need for persons who will come forward to offer their services, whether in an amateur or a professional capacity, for remuneration or otherwise, in all aspects of social work and community service? What is required is dedication and the right approach to social work. Yet the conflicting needs of our developing territories have very often resulted in the trained social worker being lured to other pursuits by the proverbial financial carrot; and thus he moves from the social field to management areas in pursuit of monetary inducements. The need for dedication, singleness of purpose, and a genuine approach to community service is ever more urgent and will become even more pressing as our various communities continue to develop.

At this regional Seminar, efforts will understandably be directed toward potentials for family planning and population activity. It is right and proper that this Seminar should be focussed upon a fundamental aspect of social work in the Asian region. In the course of the Seminar deliberations, there will be full opportunity for an exchange of experiences and ideas on how potentials for such work can be maximised, and I have no doubt that this Seminar will end with a general consensus that much has been achieved from the fruitful discussions and exposure to different approaches to the theme. It would be a pity if the knowledge which will be gained and the conclusions which will be reached were to be carefully documented for the sole purpose of providing yet another adornment for the educational bookshelf. It is, therefore, perhaps not out of place for me to mention that it is the follow-up and implementation of the useful conclusions reached at this Seminar which should constitute a continuing social work commitment in order to achieve the national goals of the respective communities represented here.

Focus on Prevention and Development / New Opportunities for Social Work Education

KATHERINE A. KENDALL

The IASSW Project to Develop Qualified Social Work Manpower for Population and Family Planning Responsibilities is an idea whose time has come. When many of us met for the first time at the Intercultural Seminar at the East-West Centre in Hawaii, in March, 1970, family planning had no special claim on our interest and figured very little, if at all, in our educational programmes.

We have come a long way since then. There are now 20 pilot schools in 11 countries participating in the Project. In the Philippines, there is a pilot association of schools of social work with seven of its member schools actively engaged in the Project. All except two of these pilot programmes – one in Jamaica and one in Ecuador – are in Asia, where the project was initiated. We also have the promise of additional programmes in Latin America and Africa as soon as the necessary site visits can be made. Although we will not have pilot schools in Europe or North America, we are planning a European consultation and seminar on social work and family planning in cooperation with the European Branch of the International Planned Parenthood Feder-

Dr. Katherine A. Kendall is Secretary-General of the International Association of Schools of Social Work and Project Director of the Project to Develop Qualified Social Work Manpower for Family Planning and Population Activities.

ation, and we are encouraging new curriculum developments in this area in the United States and Canada. Thus, the movement launched in Hawaii is now a worldwide phenomenon. There are, of course, considerable differences from region to region in population growth rates and in the perception of family planning as a significant field of service for social work. Within Asia, however, a strong consensus has emerged on the desirability – and necessity – of an effective social work contribution to this field.

This is, indeed, an idea whose time has come. The reasons are well known to all of us, but they may be worth recounting. On entering the 1970s, social work and social work education stood on the threshhold of change, partly by circumstances and partly by design. The traditional or remedial tasks of social work, important though they are, seemed inadequate when faced with the demands on the profession in all countries. In the Third World, the traditional educational programmes in schools of social work seemed too far removed from the central concerns of governments as reflected in national development plans. The time was ripe for movement beyond the traditional re-examination of educational goals and programmes into new educational ventures.

Family planning happened to be the trigger that set off the new emphasis on developmental social welfare. It could have been something else, but in many respects we are fortunate that it was family planning because it embodies the characteristics of developmental social welfare more than almost any other field in which social workers are currently engaged. Moreover, family planning has the advantage of embracing all of social work's methodological approaches, from the therapeutic relationship through all forms of individual and group activity to social policy, planning, administration, and the broadest type of community involvement and action, thus assuring it an appropriate place in every educational sequence in the curriculum.

Although these reasons are all highly compelling as explanations for the success of the IASSW Project, there is something more that needs to be added. We have continuously emphasised that family planning is only one piece in the much larger mosaic of prevention and development. In working on this one piece, we become involved in ever-widening concerns which inevitably lead us into new directions or opportunities for social work education.

While we may refer to new opportunities or directions, it does not do justice to social work to forget or overlook the age-old commitment of our profession to prevention and social reform. The widely known definition of social work, which describes its professional activities as falling within three functions, is the: "restoration of impaired capacity, provision of individual and social resources, and prevention of social

dysfunction."[1] This is only one of many definitions that invariably joins prevention with remedial activities. We all know that in its beginnings, and particularly in its earliest flowering, social work stood for an equal interest in social reform and social provision. This balance has not always been maintained, but the idea of prevention and cure as inseparable concerns has always been a cornerstone of our philosophy, if not of our practice.

Nevertheless, at this time we do have special opportunities to embrace prevention and development as new directions for social work education. With family planning as our point of entry, let us now examine our new opportunities, using the Project's first two years of experience as a guide.

PREVENTION

First, let us look at the concept of prevention. Primary prevention, as practiced in public health, remains an elusive will-of-the-wisp for social work. When one recalls what is meant in public health parlance by "primary prevention," we can readily understand why it eludes us. We are more at home with secondary and tertiary prevention, which simply means using what we know about particular problems, conditions, or situations to alleviate unwanted or undesirable consequences or to initiate changes for the better. Primary prevention means the actual prevention of the occurrence of disease or certain conditions through elimination of the known hazards or causes, or by immunisation. In other words, purify the water supply and you will prevent typhoid fever. Destroy the Anopheles mosquito and you will prevent malaria. Vaccinate the population and you will prevent smallpox. It would indeed be a boon to mankind if social work could set as targets the elimination of the vast and complex human and social problems that beset this world. The best that we can do is to break out of the larger problems the particular entities that are within our competence to prevent and to develop the methodology that will enable us to practise preventive social work.

To bring in family planning at this point is to invite facetious remarks about the all-too-obvious connection between prevention of births and the use of contraceptives, which is certainly primary prevention, but this is not what I have in mind. What I do have in mind is the realisation that family planning, more than any other field of service we have entered in recent years, gives us an opportunity to assess the applicability in social work practise of the epidemiological approach or some adaptation of it.

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[1] Werner W. Boehm, *Objectives of the Social Work Curriculum of the Future*, Social Work Curriculum Study, Vol. I (New York: Council on Social Work Education, 1959), p. 54.

What precisely is involved in the use of the epidemiological approach? The word epidemiology is in itself a mouthful and perhaps we should briefly review what it means. Epidemiology comes from three Greek words which may be translated as "knowledge about people," or perhaps "the science of people," and has been referred to as a "detective story technique."[2] Epidemiology began, as its name suggests, as an attempt to puzzle out the reasons for epidemics, why they struck when they did, and why some groups of people rather than others were affected. It continues as an observational science concerned with groups of people rather than with any individual person. It attempts to discover the incidence or occurrence of a particular disease or condition and it studies the prevalence or frequency of the disease or occurrence while analysing all possible causal factors. It has a community-wide connotation in that it identifies the population at risk, i.e., those groups of people who are more likely than others to be affected. That is by no means all there is to epidemiology, but perhaps enough has been said to reveal that although the word itself may sound foreign to social work ears, its problem-solving operations have a familiar ring. It is indeed problem-solving, but with certain fixed rules.

Family planning is not a disease or a problem or an occurrence, but it is associated with a wide range of conditions that bring it within the purview of primary prevention. Consider, for example, that illegal abortion has been described as the most widespread human disease, which is another way of saying that illegal abortion is epidemic in the world today.[3] In some countries of Europe, it has been said, although not verified, that the abortion rate exceeds the birth rate.[4] This has also been reported from Asia and can be regarded as a signal of the determination of women not to have more children than they want. The high mortality and morbidity associated with induced abortion, the physical and emotional suffering, and the waste of woman resources make this an intolerable situation. If this were cholera, there would be worldwide mobilisation for immediate action. Primary prevention is the answer, and it is indeed available in family planning which has the power to eliminate the public health problem of illegal abortion.

We may not be able to master epidemiology, but we *can* practise preventive social work and one aspect of this practise is the identification of populations at risk. In Iran, where prostitutes are congre-

[2] John Porterfield, M.D., "Public Health Goals", *Public Health Content in Social Work Education* (New York: Council on Social Work Education, 1962), p. 20.

[3] Agnette Braestrup, M.D., "Abortion: Is It a Hazard to Public Health?" *Proceedings*, IPPF Conference, Middle East and North African Region, Beirut, February 1971, p. 7.

[4] Christopher Tietze and Sarah Lewit, "Abortion," *Scientific American*, Vol. 220, No. 1 (January, 1969), p. 27.

gated in a red-light district in Teheran, social workers recognised the special vulnerability of the teen-age daughters of the prostitutes. While providing a variety of services to the total population of the area through a community welfare centre, social work students selected these girls as a high-risk target group. Through the use of films, counselling, and group programmes, a strategy of prevention was put into operation which, although it will not be as effective as vaccination for smallpox, may protect a vulnerable high-risk group from falling into prostitution as a way of life. In social work terms, this could be called prevention.

A report from the Philippines tells of a loosely organised youth group in a squatter slum which was identified as a specially vulnerable high-risk group. Through special activities, family planning guidance, and family life education, the boys in this group were helped to develop skills and values that would make them immune to squatting as a way of life.

There are many gradations in prevention, and there are more opportunities than we realise to practise preventive social work. While engaged in giving service, social workers should also be able to discover and classify not one but many causal factors and thus determine visible targets for preventive action. Consider how often, as social workers, we are involved in cases of child abuse, child neglect, and child abandonment, and in situations of family discord. Undoubtedly, there are many causes in such situations, but has it been an ingrained professional habit to sort out and classify those causes? Because of our new interest in family planning, we may now see more clearly than ever before the association between marital discord, child defects, or child neglect and too many children coming too quickly. We are confronted daily by the multiple and interrelated causes of poverty and the many resultant problems. Do we know whether high fertility is more significant than other causes in relation to any or all of these problems? For example, do mothers of many children have a higher percentage of defective children than other mothers? As social workers, we may not be able to carry through epidemiological studies, but we can observe, and we can develop a more scientific approach to the study of those social disorders or conditions with which we are familiar and which effect or threaten given segments of the population. It is from this point that we can begin work that will lead to prevention and eventually will halt the occurrence of these disorders. This we cannot do alone but, as we shall see in a later section of this paper, there is, even now, much that we cannot do alone. Interprofessional teamwork is a major component of our involvement in the new directions of prevention and development.

DEVELOPMENT

In the same way that family planning sharpens our perception of social work as a preventive service, it can help us to identify and become better equipped to handle social development functions. No one has as yet defined those functions—at least to my satisfaction—with enough specificity to provide a firm base for curriculum planning, but I have found helpful a set of characteristics of social development recently identified by a United Nations Expert Working Group on Social Welfare Policy and Planning.[5] Through their application to family planning, I believe we can also gain insight into other developmental functions.

1. *Developmental social welfare is positive, not remedial, in its objectives.* Here we have a fundamental characteristic which can become the measure of social work's contribution. Economic and social development have emerged as the keystone of national policies in most of the countries represented at this Seminar. All sectors—health, education, labour, social welfare, commerce, etc.—are involved, and each sector makes its own contribution. The social welfare contribution has to do with human beings who are or should be at the centre of development and whose potential must be realised if development is to succeed. Therefore, our concern as social workers lies in our complete commitment, by history, profession, and experience, to the well-being of people. In other words, we are concerned with human development and the way in which people can be served by economic and social development.

Family planning is intrinsically positive in its objectives, because the major purpose of birth limitation is to give every child born into the world an opportunity to become a total human being. This point does not need elaboration, but we should perhaps examine our practise in family planning to assess the extent to which we are guided by positive objectives. It is easy to think narrowly of family planning in the remedial sense—as a means of avoiding unwanted children. This is a distasteful concept, particularly to a professional group which has always given priority to family and child welfare and which places inestimable value on every human life. This is why the idea of birth control emerges as a negative approach to social workers and to many others in certain parts of the world. On the other hand, family planning or child spacing seen as positive family welfare carries the liberating connotation of decisions freely made to bring children into the world when there is a chance that individual potential can be fulfilled.

[5] United Nations, Centre for Social Development and Humanitarian Affairs, "Draft Report of the Expert Group on Social Welfare Policy and Planning" (unpublished manuscript, 1973), p. 4.

In moving into other areas of developmental social welfare, we may find that many of our so-called remedial services are indeed developmental simply because we have imbued them with the positive approach of unlocking human potential. In the background reports prepared for this Seminar, there are significant references to students and faculty becoming partners of the people in creating structures and opportunities for a better life. This, indeed, is human development, and this is what lies at the heart of economic and social development.

2. *Developmental social welfare is comprehensive in approach and related to all sectors of need.* Again, we find that family planning, while only one piece in the mosaic of social development, touches all sectors – health, education, labour, social welfare, etc. Learned discourses can take place as to which comes first: success in family planning as a prerequisite for development,or success in development as a prerequisite for success for family planning. In any event, they need each other and in our work in family planning we also need to be aware of the interrelationship between high fertility and a host of economic and social factors and conditions. In fact, our interest in family planning requires that we redouble our efforts to ensure social and economic progress and social justice.

Thus, it is heartening to find in the reports from the Philippines that family planning is integrated with the developmental activities being carried on in squatter slum areas; that it is bringing social work into new fields such as agro-industrial settings and low-cost housing projects; and that it is inspiring new functions such as the provision of leadership training seminars for social action leaders.

In Iran, we find that family planning services are integrated with pre-natal and post-natal care, with literacy classes, group activities for youth and for adults, handicraft training, day care, and a whole range of social services. I am sure that there is also evidence from other countries that our concern with family planning brings us into ever-closer touch with all those sectors of need that can be met only through comprehensive social and economic development.

3. *Developmental social welfare is relevant to all sectors of the population and it is able to meet the needs of target populations as a whole, with desirable consequences for national development.* We have previously referred to sectors as fields. We are now concerned with different sectors of the population. It is characteristic of developmental social welfare that services, in principle, are community-wide and not limited to any particular groups, although special groups may be singled out as target populations. The analogy with epidemiological practise, described earlier in this paper, is obvious.

More and more, family planning is designed to reach all sectors of population and not just women of child-bearing age. Population

education reaches the young; sex education is increasingly being developed for youth groups; men of all ages are reached through their places of employment, the army, or other all-male enclaves; and the message is carried to old people who are often the decision-makers in the families.

Although family planning as a service is relevant to all sectors of the population, there are target groups which benefit from special attention. In Thailand, for example, the Department of Social Work plans to promote family life education through a series of meetings with university students. The purpose of this kind of programme is to help students develop an appreciation of the quality of family life and a sense of responsibility for planning marriage and parenthood.

The successful use of family planning services by target populations cannot fail to have desirable consequences for national development. A hazard here for social workers, however, is the possible misuse of family planning with special groups as an anti-poverty measure. While family planning can make a significant difference in the lives of individual poor families, and while it is indeed a factor in promoting economic development, it cannot and should not be regarded as a cure for poverty. Nor is it a substitute for the reforms and services that are necessary for all families to achieve a decent quality of life. Here, it is useful to recall what was said earlier about a positive as opposed to a remedial approach. In working with any target group, regardless of economic or social status, the goal is not anti-birth, or anti-children, or anti-anything. It is pro-human development and the fulfillment of human potential. For social work, this is the central objective of development and the objective that we are now trying to achieve through a reorientation of social work education.

SOME CURRICULUM ISSUES

This Seminar brings us together to study and reflect upon these new directions in social work education. Most of the schools represented here have already initiated changes in their curricula in order to expand or incorporate content on population and family planning. Some schools have chosen to integrate this content into existing courses and field instruction; some have established special courses; and a number have done both. Since each school is encouraged to develop its programme in the light of its own educational objectives and local situation, no two curriculum plans are the same. This is as it should be, but I am sure we will find that there are certain questions and issues which all schools face in this new curriculum-building task. Let me anticipate a few of these curriculum issues.

Social Policy Issues

Population control appears to be distasteful and, perhaps, even a forbidden subject in social work circles in Latin America and Africa. It does not emerge too clearly as a social policy issue in the programmes of the schools in Asia, except possibly in the schools in Iran, Bangladesh, and Singapore. Our attitude toward this subject deserves some attention. It has been evident in all of our conferences and seminars that family planning is seen as congruent with social work values while population control is not. We are committed to voluntarism, and we find almost frightening the ideas that go beyond family planning into a catalogue of horrors, such as the injection of a fertility control substance into the water supply or the withdrawal of social welfare benefits from families with more than a stated number of children.

The issue for discussion is the extent to which we should ventilate this question of involuntary fertility control in our educational programmes. As educational institutions, our schools believe — or should believe — in freedom to explore all questions, whether or not we are in agreement with the ideas expressed. Social work schools, as professional schools, have a commitment to educate for the future and, in a number of countries, some form of population control may well become a part of that future. If they are to make any contribution to policy decisions, social workers must have a deep understanding of the problem and the reasons for the proposals that go beyond family planning. They must have more than an emotional reaction to proposals such as the withdrawal of welfare benefits. They need to buttress their feelings with rational arguments and, most important, they should be ready with counter-proposals. For example, it might be the social work view that the withdrawal of social welfare benefits is a short-sighted approach. In addition to the moral issue of penalising the children for the irresponsibility of the parents, there could be self-defeating economic and social effects. If poor parents are penalised economically for having too many children, then their children are likely to be caught in the same kind of poverty and the same kind of situation that will prevent them from practising family planning. If social workers can muster evidence to support such arguments, it must be brought to the attention of policymakers.

It is primarily for this reason that, to me, it seems necessary to expose students freely and fully to the social policy issues that arise in relation to population and family planning. As issues are debated, excellent opportunities become available to discuss value conflicts, rational vs. emotional responses, and promising counter-proposals, such as the policy now so widely followed in China for marriage to be

delayed to age 25 for women and 30 for men, or proposals that permit women to choose between using maternity benefits for the intended purpose or letting them become available as a pension at a later point. In debating population policies, we shall inevitably become involved in a discussion of policies that improve educational opportunities, particularly for girls, or policies that in general, improve the status of women and increase their chances for employment. This puts us squarely in the business of educating for social development which, after all, is our overall objective. The opportunity to explore and argue the pros and cons of thorny social issues in population and family planning should, therefore, be welcomed and not avoided.

Questions on Social Planning and Administration

Recent regional meetings sponsored by the United Nations Economic Commission for Asia and the Far East have carried us into social planning as a key developmental activity for social workers.[6] Social planning positions, however, are normally reserved for persons who have had substantial experience in the execution and administration of social policies. In other words, since one does not usually begin at the top, it is our obligation as curriculum builders to prepare students for positions that serve effectively as stepping stones to greater responsibilities. Administrative positions fall into this category. It is my impression, based admittedly on insufficient knowledge of the details of various educational programmes, that we are not placing sufficient emphasis upon administration as an important subject matter for social workers.

Our entry into family planning should propel us in this direction. The grass-roots work and much of the motivational activity in family planning are performed by aides or field workers who are not and need not be qualified professionals. However, if they are to be successful, they must be trained and supervised by qualified professionals who carry the administrative responsibility for the programme. We do not yet know to what extent social workers will be used as administrators and trainers. Our education admirably equips us for the organisational activity that is involved in working with communities and for understanding the behavioural aspects of the task. A question for review is whether we are equally well equipped to handle administrative responsibilities, including the training and supervision of non-professional personnel. If we prove ourselves in this type of administrative responsibility in family planning, we can extend our claims outward to other fields in social development and upward to social policy and planning.

[6] "Problems and Prospects in Schools of Social Work Contributing to Development in the ECAFE Region." Report of the ECAFE/UNICEF Seminar on Developmental Aspects of Social Work Training Curricula, Bangkok, 14-25 November, 1972 (New York: United Nations, 1972).

Practise Problems

In my review of certain characteristics of preventive social work and developmental social welfare, I noted that family planning is a community-wide activity, touching all sectors of need and all sectors of the population. We also know that family planning, bearing as it does upon intimate personal relations, can be a very private matter. As mentioned earlier, family planning uses all of social work's methodologies, from the intensely therapeutic to the broadest community approaches. All of our skills are needed, but a new concept is emerging or, perhaps, it is today's version of an old concept. I refer to popular participation, which bears a strong resemblance to community development efforts to help people to help themselves.

The developmental characteristics outlined by the U.N. Expert Group did not specifically mention popular participation, but the discussion and other sections of the report made it clear that greater participation by the people is a key element in social development. People must be allowed and encouraged to deal with their problems directly and locally.

An example of the ultimate in popular participation as a way of arriving at local decisions was given recently in an article by a Chinese writer in the *New York Times*. She reported that, since the Cultural Revolution, total participation and total involvement have become almost an ingrained habit in Chinese communes and neighbourhoods. She illustrated how, in family planning, a neighbourhood organises to debate the number of babies that each family would plan to have within the next year. The families agree, between them, whose turn it will be to have, or not to have, a baby. In one group, every woman had decided to have no more than two children. One woman accidentally got pregnant out of turn, thus taking away from another woman the possibility of having a baby. The first woman, in order not to interfere with her neighbour's right to have a baby, underwent an abortion in spite of the fact that she had no male child and very much wanted one. The woman's action was seen as public-spirited and correct, a natural outcome of the woman-to-woman solidarity resulting from popular participation.[7]

It was exciting to find in the background materials for this seminar a realisation of the importance of popular participation as a significant element in social work practise in family planning. The inculcation of family planning as a way of life via a people-based programme is described in the background report for the Schools of Social Work Association of the Philippines. In one of the individual reports from a Philippine school, a new kind of field placement has been created; it is

[7] Han Suvin, "Family Planning in China," *New York Times*, September 1, 1973.

not institutionalised through an agency but begins, operates, and ends with the people themselves.

In Korea, mothers' clubs organised to promote family planning have, in some areas, become a force for community change and improvement. Indeed, the organisation of women to quicken awareness of their own needs and to effect changes in their status is a vital element in social development. In a Philippine report, we find the following statement:

> The group of mothers concerned with the nutrition programme voluntarily asked for a family planning series of lectures to be combined with the nutrition demonstration. They themselves plan the lecture content which starts with sex education and understanding the dynamics of pregnancy and goes on to fertility control measures. There is an unbelievable acceptance of family planning among this group. . . .[8]

Unbelievable? Yes and no. While it may be unbelievable in relation to acceptance by groups in other situations, it does not surprise social workers that people who have an opportunity to plan their own activities and arrive at their own decisions remain highly motivated to continue a programme or activity which they regard as their own.

Social work's knowledge and value base should prepare well for the encouragement of popular participation. I am not sure, however, that we have fully grasped the difference between the familiar skills of traditional group work and community work and the way in which social workers become involved in popular participation. Although the basic principle of helping people to help themselves remains operative, popular participation has a wider connotation than self-help village programmes. There is an element of activisin, of the awakening of an awareness that goes beyond specific needs of the people to a transformation of their very lives and the institutions serving them. This requires new skills, where the social worker is a partner in dialogue and action, not just an enabler. This is an enormously difficult task because of the social distance that, in many of the countries represented here, separates the professional from the people. There are many other practise problems with which we shall be concerned, but the importance of popular participation in the whole area of social development — and particularly in family planning — may justify singling out this one area for close examination of the role of the social worker and the training necessary to perform that role.

Issues in Field Instruction

Innovation in field instruction may turn out to be a major benefit of

[8] Dolores B. Lasan, *Family Planning in Social Work Education* (Manila: Philippine Women's University, 1973), pp. 7-8.

the family planning project. The floating field placements described by a Philippine School of Social Work offer us one example. The floating placement is based "in life as it exists in a community;" it involves a "development package" which "refers to the totality of services planned and implemented with the people of the community, aimed toward a desired economic and social change for a higher quality of life."[9] The vitality of such placements is evident in the report, and, since popular participation is a significant aspect of the floating field placement, I am sure that it would be useful to many to have an analysis of the methodology employed, as well as the learning opportunities, and arrangements for supervision and evaluation of students at some later time.

The problem of integrating family planning activities into ongoing social welfare programmes, which is described in the report from Korea, is one that may well effect most schools in the region. A faculty study revealed that little attention was given to family planning in the regular work of the social welfare agencies selected for study. Ignorance, rather than prejudice, was obviously the reason for this neglect. The problem for the Korean schools and, probably, for other schools lies in bringing social work graduates or other personnel used as field instructors up-to-date on the place of family planning in the programmes of all social welfare agencies.

The interrelationship of family planning and other development-oriented programmes is well illustrated in the report from Iran, which describes the community welfare training centres used for field instruction. Within a specified geographical area, these centres serve the needs of the surrounding population. We have already noted that in Iran literacy classes, handicrafts, day care for pre-school children, youth activities, men's groups, pre-natal, post-natal and family planning services for women, and a variety of social services are brought together in one place, usually in an attractive building that serves as an oasis in a desert of need. Such centres started as an extension of the school of social work in order to serve special populations and to provide field instruction for students. As family planning programmes in most countries are usually integrated with health services and not with social welfare services, the advantages of this type of community welfare centre as a training facility for family planning and for social development should be thoroughly explored.

The Problem of Interprofessional Teaching and Learning

Family planning cuts across a steadily increasing number of disciplines, both academic and professional. There are still hierarchical

[9] Lasan, *op. cit.*, p. 4.

distinctions, however, with the medical doctor still perceived as the top man on the family planning totem pole. Nurses and midwives cluster around the doctor to comprise the clinical team. In another area of expertise, the demographer reigns supreme, with his facts and figures providing the base for policies and programmes. The social scientists – sociologists, economists, anthropologists, psychologists – contribute special knowledge. The communications people contribute special techniques. The home economists, health educators, lawyers, religious leaders, teachers of various kinds, and a variety of technicians are involved in providing information or services. It has been said that family planning has become a bandwagon, with every discipline climbing on board. If so, this is an excellent thing. We are dealing with questions and problems that affect the entire human race. Every discipline should engage in finding answers and solutions and no discipline can do it alone.

However, this plethora of talent and involvement does raise the issue of interdisciplinary teaching and learning. With which disciplines do we join forces, and for what purposes? Obviously, we need the knowledge that comes from the social sciences. Our work will be more effective if we know the techniques of communication. We can hardly engage in direct service without the participation of the doctor, nurse, and midwife.

Team teaching is used in some schools for the double purpose of providing knowledge from other disciplines as well as a demonstration of the particular roles of each discipline in family planning. One school of social work, noting the disadvantages of duplication of effort, has reported plans for a cooperative curriculum with its medical school. The curriculum will include classroom and field teaching particularly relevant to medico-social operations oriented toward family planning in rural settings. All schools use lecturers from related fields to provide certain content, usually in the areas of background knowledge.

We have scarcely begun to work out the most fruitful methods in interdisciplinary cooperation and team work. This Seminar, with representatives of several academic and professional disciplines, gives us an opportunity to venture into what remains largely unexplored territory, despite our long clinical association with doctors and psychiatrists in such fields as medical and psychiatric social work.

CONCLUSION

There is much more that can and, I am sure, will be said about curriculum issues and problems at this Seminar. We will not solve all our problems, but the exchange of experience will inevitably shed light

on most of them and help us to move forward in our individual and collective efforts.

The push toward indigenisation will produce healthy differences of opinion and approach. The continuing search for similarities as a professional discipline will reveal universals, products of our continuing growth as a worldwide profession.

I have often recalled the words of welcome at the International Conference on Social Work Education, Population, and Family Planning in Hawaii in 1970, but they are worth repetition. "All men are brothers, all women are sisters, all brothers are different, all sisters are different, and the difference is beautiful." We are one in our belief in the aspirations and struggle of people to shape their own destinies and a better world, but we are different in the ways in which, in our several countries, we try to achieve that better world. If we accept difference as good and desirable, we will find it equally good and desirable to work and share together in the spirit of true professional unity.

A Review of the United Nations' Programmes and Activities in Family Planning / The Contribution of Social Welfare to the Programme in the Asian Region

MEHER C. NANAVATTY

INTRODUCTION

The contributions of United Nations organisations in the field of population and family planning and their efforts to relate social welfare with family planning activities are so extensive and so vast that any attempt at review is clearly a difficult task. It is therefore appropriate to highlight some of the efforts made by the United Nations and its regional arm in Asia, the Economic Commission for Asia and the Far East (ECAFE) , to indicate the trends of development that may interest social workers and social work educators in the field of family planning. It is also significant to indicate the contribution that the field of social welfare can make in fulfilling the objectives of the programme in the region.

EFFORTS OF UNITED NATIONS ORGANISATIONS

The awareness of relating social welfare with population policies and programmes of family planning found expression in the re-

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commendations of the International Conference of Ministers Responsible for Social Welfare, organised by the United Nations at New York in 1968:

> In countries which have engaged into active population policies, social welfare services have an important role to play in family planning programmes which may have themselves far-reaching implications for the countries' economic and social development. Social welfare services should actually be called upon to contribute their knowledge of family and community attitudes and needs at the very first stage of policy formulation, so that population policies may take due account of the prevailing cultural concepts and attitudes regarding the scope and limits of individual freedom generally and more specifically individual responsibilities to parenthood.[1]

This was further supported by the First Asian Conference of Ministers Responsible for Social Welfare held at Manila in 1970. This meeting emphasised the need to relate social welfare with family planning and recommended effective measures to ensure family welfare through family planning.

The process of examining the requirements of social welfare for family planning was further extended at the Interregional Meeting of Experts on Social Welfare Aspects of Family Planning held at United Nations Headquarters in 1971. This group of experts referred to the "developmental" and "preventive" functions of social welfare in relating the contribution of social welfare personnel and institutions to family planning in the context of national policies and programmes. This expert group did not draw any sharp boundaries between the disciplines concerning adult education, rural extension, home economics, public health, communication, and social work in identifying the roles that could be played by workers in the field of social welfare in general at all levels of field requirements. It took a broad view of the influence of social welfare on meeting the objectives of family planning. In countries where family planning has already been adopted as a policy or a programme, either under public or voluntary auspices, the social welfare personnel and institutions could contribute in: (a) delivery of direct family planning services to ensure social, psychological, and cultural aspects which are crucial to the acceptance of family planning practises; (b) communication and education of those who are as yet not motivated through daily contacts with local leaders and potential users in community and/or individually based social welfare services; (c) promoting social change through various community programmes of social welfare, within which family plan-

[1] "Proceedings of the International Conference of Ministers Responsible for Social Welfare" (New York: United Nations, 1968), Sales No. E.69. IV.4, pp.50-51.

ning could acquire positive meaning for all concerned; (d) formulation of a policy and programme of family planning and a survey and assessment of the results; (e) planning and promoting interdisciplinary research; and (f) selecting areas for promoting family planning where cultural, social, and economic conditions are relatively favourable to produce maximum impact out of scarce resources. In countries where family planning has not as yet been officially accepted, social welfare personnel and institutions can play a pioneering promotion role.

The support for family planning comes from the conviction of the basic human rights of the parents to decide on the size of their family through acceptance of family planning practises, and improvement of the status of women as a basic requirement of social development. The expert group also specified areas of training, including the requirements of social work for family planning personnel and the contribution that social work education can make to the training of family planning workers.[2]

The recommendations made by the group on "International Cooperation" were far-reaching and related to country studies, field surveys, appointment of interregional and regional advisers, establishment of regional centres for training and research, and development of interdisciplinary and interagency cooperation.[3] Subsequent to these recommendations, an interregional adviser on the social welfare aspects of family planning was appointed in 1971 and a regional adviser for ECAFE in 1972. Efforts are also being made to create similar posts for regional advisers in other regions. Case studies on social welfare aspects of family planning were also initiated in ten different countries by the UN Headquarters with the help of country consultants. Three of these countries are in the ECAFE region—Iran, India, and Indonesia. The findings of these studies will be examined by an expert group meeting in spring of 1974; this group will develop further guidelines for effectively relating social welfare with family planning activities. It is also proposed that ECAFE organise a Regional Workshop on Social Welfare Aspects of Family Planning.

The First Asian Population Conference, called at New Delhi in 1963 by ECAFE with the support of other UN organisations, laid the foundation for UN activities in population and family planning in the region. It set in motion many activities under UN organisations that would strengthen the efforts of member countries in developing family planning activities. The Second Asian Population Conference, held at Tokyo in 1972, marked a turning point in the promotion of family

[2] "Report of the Interregional Meeting of Experts on the Social Welfare Aspects of Family Planning, 1971" (New York: United Nations Headquarters, 1971).

[3] *Ibid*

planning activities by emphasising the importance of social and economic development as a basic requirement of population transition. In its "Declaration of the Population Strategy for Development," the Conference stated:

> 1. While population has a direct effect on economic and social development and the human environment, conversely policies in the field of education, health, housing, social security, employment, and agriculture have an impact on population and, therefore, require integrated national planning and coordinating action at the highest government level.
>
> 2. It is important that the widespread benefits of economic growth should be ensured through policies and programmes to bring about a more equitable distribution of opportunity and income, with particular attention being paid to health and nutrition programmes to achieve full and productive employment, action to reduce excessive rates of migration to the larger cities, measures to improve the status of women, and appropriate social security measures.
>
> 3. The priority of population and family planning fields should be recognised through the allocation of broad responsibilities in planning, evaluation, and analysis of programmes in these fields to an appropriate organisation within the Governments.[4]

The Population and Social Development Divisions of ECAFE are actively assisting population and family planning programmes in the Asian and Far East region. Population activities of the ECAFE are based on two principles: (1) the need for greater awareness and understanding of the size, complexity, and significance of the population problems that governments will face during the next two or three decades, and (2) these problems must be dealt with as an integral part of the process of achieving economic and social development.[5] The Asian Population Programme is carried out by the Population Division of ECAFE under three major sections: general demography, fertility and family planning, and clearing house and information. The Social Development Division of ECAFE emphasises the social and social welfare aspects of family planning and helps member countries by offering technical assistance in analysing the social requirements of family planning services and promoting programmes of social development and welfare for strengthening family planning activities. Special attention is being given to the problem of mass poverty prevalent in the region. The overall emphasis on social development gives a much-needed dimension to the requirements necessary to meet the problems of population growth and family planning in the region.

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[4] "Recommendations: Second Asian Population Conference," ECAFE, 1972.

[5] "How ECAFE's Population Division Works" (Bangkok: Population Division, ECAFE).

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The reports on "World Situation," prepared for the UN Social Development Commission 1973-74, state that because the central concern of social welfare is to enhance the well-being of the individual and the family, ministries concerned with social welfare are increasingly playing a substantive role by formulating and implementing national population policies in concert with other economic and social development programmes. It has also been stated that social welfare personnel have been found effective in motivation and community education work, especially outside the clinic and in counselling and follow-up. The counselling role seems to achieve its most refined form in the handling of abortion cases, where particular sensitivity is required. The follow-up efforts attempt to ascertain why acceptors become clinic drop-outs or contraceptive drop-outs. It has been specifically observed that the shortage of social welfare personnel trained in family planning has acted as an important restraint on family planning programmes.

EFFORTS BY UNITED NATIONS SPECIALISED AGENCIES

Having indicated the contribution of the UN Headquarters and the ECAFE, it may be appropriate to refer to the work of UN specialised agencies in the field of family planning. The World Health Organisation (WHO) assumed its role in the field of family planning since the Eighth World Health Assembly in 1965. Its main activities include advances in knowledge of human reproduction and fertility regulation and training of medical and para-medical personnel in family planning, along with the requirements of health and medicine services and advisory services in family planning as part of the basic health services and maternity and child health programmes. Since 1965, WHO has contributed considerably toward strengthening family planning activities in almost all the countries in the ECAFE region. The basic assumptions behind this assistance include:

(a) Belief that demographic problems require consideration of economic, social, cultural, psychological, and health factors in their proper perspective; (b) need to attach high priority to research and other activities in the field of fertility; (c) realisation that the changes in the size and structure of the population have repercussions on health conditions; (d) further recognition that problems of human reproduction involves the family unit as well as society as a whole, and that the size of the family should be the free choice of each individual family; (e) it is a matter for national administration to decide whether and to what extent they support the provision of information and services to their people on health aspects of human reproduction; and

(f) that it was not the responsibility of WHO to endorse or promote any particular population policy.[6]

Since 1967, the United Nations Children's Fund (UNICEF) has related mainly to (a) training in MCH care, including family planning for health personnel, and (b) expansion of the basic health services, including MCH and family planning. It has assigned priority to assisting the health aspects of family planning in the expansion and improvement of MCH care within the framework of basic health services, and it supports maternity-centred family planning programmes at the requirement of governments.[7] During recent years, efforts have been made to relate family planning services to the larger requirements of social development and change, especially in relation to children, adolescents, and mothers' activities.

The United Nations Educational, Scientific, and Cultural Organisation (UNESCO) has adopted two foci, both basic to issues of social development and human resources: (a) educating the child, youth, and adult population about the impact of population growth and family size upon the welfare of the individual, the family, and the nation; and (b) alerting persons in positions of leadership to the constraints imposed by population growth on the attainment of educational objectives. The major thrust of UNESCO's educational programme in the ECAFE region is the introduction of materials relating to population education in the curricula of educational institutions at all levels and into programmes of education, including functional literacy for out-of-school youth and adults.

The International Labour Organisation (ILO), in facing the problem of overpopulation in developing countries which has frustrated its efforts at fuller and more productive employment and an improvement in the levels of living and welfare of workers, related to population and family planning programmes in two ways: (a) inclusion of certain aspects of population policy as a part of labour policy, and (b) establishment of a separate sub-programme on family planning for the industrial sector within the national programme of labour welfare. Recently, it has established an Asian Labour and Population Team in the ECAFE region; this Team offers consultation on employers' orientation, workers' population education, and provision of family planning services as a part of occupational health and welfare.[8]

The Food and Agricultural Organisation's (FAO) work in relation

[6] "Health Aspects of Family Planning" Report, UNICEF/WHO Joint Committee on Health Policy, E/ICEF/CRP/67-4.

[7] "Conclusions and Recommendations," in the "Report of Review of Family Planning Aspects of Family Health with Special Reference to UNICEF/WHO Assistance," E/ICEF/L.1281-17, January, 1972 (New York: United Nations Economic and Social Council, 1972), pages 36-40.

[8] From a paper prepared by Dr. D.H. Greeves on ILO Population Activities.

to population is comprised of (a) research and informational activities concerned with the interrelationships between population trends and agricultural development, rural employment, levels of food consumption and nutrition, and rural levels of living; (b) projections of sectors of the population directly relevant to agriculture; and (c) the development of the new Planning for Better Family Living (PBFL) programme, of which family planning is an integral part.[9]

The United Nations Fund for Population Activities (UNFPA), created in 1966, has been the major funding agency for population and family planning activities by UN organisations. A number of country programmes are being developed with its assistance. Nearly $45 million were allocated by UNFPA in 1972 for Projects in family planning, population dynamics, population policy, communication and education, and multi-sector activities including fellowships. The largest share of fund allocations to the various regions is spent on projects in Asia and the Far East.[10]

The International Bank for Reconstruction and Development (IBRD) and its associates have been taking considerable interest in financing different programmes of population studies and family planning activities. They relate to the broader areas influencing the requirements of family planning, including education, nutrition, and welfare. Some of the projects financed by them, as in India and Indonesia, attempt integrated development of the total requirements of family planning services.

THE SITUATION IN ASIA AND THE FAR EAST

The UN assistance for population and family planning activities needs to be seen in the context of the requirements of the region. The population of the ECAFE region[11] exceeded 1,394.3 million in 1970, is expected to increase by 2.3 percent annually in the current decade, and will exceed 2.4 billion by 1980. The most striking feature of the population growth is the rapid increase of its dependent population up to 24 years of age. This gives rise to two specific social situations—increasing requirements of educational facilities for children from 5 to 18 years of age and increasing employment opportunities for youth between 19 and 24 years. The inability of countries to provide these services results in increasing dependency, unemployment, and social discontent.

Study of the family planning programme in the ECAFE region, through various country missions and country case studies, indicates

[9] "Planning for Better Family Living," (FAO Publication: November, 1969), NU Misc/29/28.
[10] "Populations," Second Asian Population Conference, ECAFE.
[11] Including China, the Democratic People's Republic of Korea, and the Democratic Republic of Viet Nam.

that although almost all countries have recognised the need for population control and have introduced family planning programmes (mostly around MCH centres), the situation in regard to an increase in acceptors of family planning in Asia could be improved, as can be seen from the data available on the subject. The number of acceptors of family planning services has been reduced under the International Post-Partum Family Planning Programme from 146.8 thousand in 1971 to 133.1 thousand in 1972. This is but one indication. This trend is also prevalent in the use of different methods of IUD and oral contraceptives, except sterilisation.[12] The figures on the percentage of users (all methods) among married women aged 15-44 also show as low a coverage as 13.2 percent in India, 8.1 in the Philippines, and 18.7 in Thailand.[13] This trend toward a plateau phase of family planning acceptors and the factors causing this situation should be examined through further research and study.

The situation indicates the need to relate to the total programme of development — including education of girls, status of women, marriage age, differentiation of the role of women as a mother and as a worker outside the family — accompanied by the need for wider distribution of the gains of development among the masses of population in order to make an impact on the rate of fertility in developing countries. These requirements have been worked out in form of a continuum hypothesis published in recent studies.[14] According to this analysis, the family planning programmes have been most successful in those countries where increase in output of goods and social services has been distributed in such a way that they improve the way of life for a substantial majority of population rather than just for a small minority.

Family planning emerges more as a problem of socio-economic development and of changing attitude and values of people rather than as the system of delivery of contraceptives. The need for shifting family planning services from the clinic to the community and involving available social groups and organisations both at the micro level of providing services and the macro level of planning and development is clearly indicated. The major areas requiring emphasis, therefore, are:

- Integrating planned parenthood work more closely with other work for economic and social development;
- Spreading knowledge of planned parenthood as a fundamental human right;

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12 "Report of Population Family Planning," Population and Family Planning Programme, *A Fact Book* (New York: Population Council, September, 1973).

13 *Ibid.*, 1972 Report.

14 William Rich, "Small Families Through Social and Economic Progress," Monograph No. 7 (Washington, D.C.: Overseas Development Council).

- Laying greater emphasis on spacing of children and limiting the size of the family in the interest of better care and better provision for development of children, including nutrition, health, education, and welfare; reforms promoting measures including legislation regarding the status of women, marriage age, inheritance, adoption, education of girls and women, dowry, discouraging the male fertility cult, etc., all of which influence the acceptance of family planning practises in the family and society;
- Providing population education and education for family and community living on a universal basis in the system of school education and as a part of the non-formal programme of education for adolescents, youth, and young adults. Involving teachers more actively with the promotion of population education and family planning activities in local communities is also important.
- Meeting the unmet needs of family planning ensuring that attention is given to help abortion cases, ensuring health care and eliminating the risk to health of the mother and her subsequent fertility; and attending to infertility.
- Relating family planning to cultural and ethnic groups.
- Associating family planning activities with functional groups of trade unions, farmers' associations, women's organisations, youth groups, great-parents group, community councils, etc.
- Promoting community-based services for family planning.
- Promoting participation and involvement in family planning services in order to develop community opinion in favour of a small-size family norm;
- Providing social security in the form of old-age benefits besides ensuring health services to lower the rate of infant mortality to encourage acceptance of family planning practises in rural areas;
- Expanding training facilities involving the interdisciplinary approach;
- Ensuring cooperation and coordination from all government and non-government organisations and social groups and promoting family planning as a social movement.

ROLE OF SOCIAL WELFARE AND SOCIAL WORK EDUCATION ORGANISATIONS

During the second phase of development of the family planning programme in the region, when the need for relating family planning with different areas of social development is increasingly being recognised, the role of social welfare and social work education organisations is crucial, not only in making the programme more

effective, but also in giving a new focus and direction to it. For influencing a reduction in fertility, it would be important to support a conceptual change in the programme by emphasising the objective of bringing about a change in values, attitudes, and norms in favour of the small-size family. In addition to ensuring the welfare and health of the child and the mother, knowledge of planned parenthood has to be ensured and the status of women raised to make family planning more effective. Family planning must therefore be conceived as an integral part of the total social development of the family and the community. In other words, there should be the will to integrate planned parenthood more closely with other work for economic and social development.

If these objectives of the family planning programme are to be realised, it will be necessary to shift the focus of attention and association from the clinic to the community. The involvement of community organisations should be considered as basic, not only for the promotion of services but also for creating demands for services. An association of the community, its leaders, and its organisations must be sought in planning as well as in implementation of the programme. This would stimulate the process of education for creating a demand for services. To say this is not to underestimate the role of the clinic and the medical and para-medical personnel. Their vital role is to be recognised in providing technical services for contraception and for ensuring the health of the couple, the mother, and the child. The focus on the family and the community in offering family planning services would also ensure involvement with other services of development. It would then become an interdisciplinary and interorganisational programme of development.

In providing delivery of services, social workers need to help in ensuring social, psychological, and cultural aspects which are crucial to the acceptance of family planning practises. They could also relate to the requirements of special groups, whether ethnic, religious or functional, and help in referral services to educational, medical, and welfare institutions and agencies. Education of the youth in family and community life should become an important area of service. Similarly, promotion of social security measures would help in further creation of a demand for family planning. If the role of the woman as a mother and as a worker must be separated to influence her attitude toward fertility, care needs to be taken to provide community services such as day care centres, nurseries, etc., that are supportive to family.

The focus of communication also needs to be enlarged, both conceptually as well as in contents. Mere emphasis on mass media or information provides only a superficial influence. A deeper level of acceptance of services has to be provided. This could come from the

involvement of people and their organisations in promotion of the programme of family planning. The involvement of social work with training, surveys, and research in family planning, which is being increasingly acknowledged, requires to be strengthened. Continuous efforts must be made so that the programme of family planning is conceived of as a social movement of change and development.

The contribution of social welfare and social work education to the programme of family planning depends on two basic factors:

1. The extent to which the field of social welfare and social work education is related to social development; and
2. The ability of the social work leadership to influence trends and programmes of social development, including family planning at the country as well as the regional level.

Unfortunately, professional development in social work in the region is at an early stage of inception. Organisationally, it is weak, although individually some of the social workers are very active with social welfare planning in their respective countries. This very situation impedes an effective contribution of social work to family planning. However, what is constrained at the professsional level is made up to a considerable extent by massive support to social welfare services by voluntary organisations. In the field of social welfare, voluntary and professional effort should go hand in hand in making its influence felt in other areas of development. It would, therefore, be necessary to attend to: (a) strengthening the social development and social welfare programmes to widen the benefit of national development to a majority of the population in each country; and (b) utilising the influence of social welfare organisations, both voluntary and professional, to shift the focus of family planning from the clinic to the community and relating the programme of family planning to the wider areas of social development, including nutrition, health, education, and welfare.

Values, Family Planning, and Development / Implications for Social Work

HERMAN D. STEIN

SOCIAL WORK VALUES AND TRADITIONAL VALUES

With the knowledge explosion and the continuous outpouring of books, articles, and reports of conferences, we are likely to pay little attention to material, however valuable, that is only a few years old. Nevertheless, I am going to recall two reports to your attention. One is on the Intercultural Seminar held at The East-West Centre in Hawaii in February and March, 1966, to explore "Universals and Differences in Social Work Values, Functions, and Practice." The other is the Hawaii Seminar of 1970, on "Social Work Education, Family Planning, and Population Dynamics." The Intercultural Seminar had a wide international array of participants, mainly from social work but representatives of the social sciences were included as well, and several of those present at this Seminar participated then.

At the Intercultural Seminar, we found the examination of values in social work full of value itself, but a difficult subject to tackle. Indeed, there were few universal values that all could accept, aside from respect for the dignity and integrity of the individual human being. We differentiated universal values from what we termed instrumental values, the latter bearing on the way social workers should function in

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the course of their work.

In our various cultures, there is a range of value dimensions which have a substantial impact on the way in which social work values are expressed. One such dimension is the extent to which the major concern of the society, and therefore of the social worker, is addressed to the individual or to the collectivity – in other words, is it the individual's interests or "society's" which need the most protection? Another is the relationship between concern with progress and change on the one hand, and stabili. on the other. There is a price to be paid for change, even when change is progress, and part of that price is some tension and instability giving rise, for example, as in the case of Singapore, to different types of medical disorders, thus reflecting greater tension along with greater life expectancy.

A third dimension is the extent to which reliance is to be placed on constituted authority for decisions or on the development of self-reliance or self-determination. Shall people be helped to be self-reliant and independent even when they seemingly don't want to be? Self-determination is a tenet for social work, for example, but its meaning is not the same in practise in different cultures, nor can it be assumed to be uniform in its interpretation within a given society. The commitment to material well-being for the population is heavily emphasised in certain cultures but played down in others; similarly, the commitment to individual autonomy or to self-mastery. Where there is greater reliance on authority in all strata of society, there tends to be more reliance on authority in social work as well. We were dealing with a range of value emphases along a continuum, and not with discrete yes or no choices, but the distribution of emphases was different in each of the societies we discussed.

There are value dilemmas of the social worker as a professional person, particularly when there are conflicts between professional norms and the norms of non-professional groups to which the social worker is related. This is peculiarly true when there is a conflict between professional requirements and the demands of kinship loyalties.

The discussion at the Intercultural Seminar presented by Dr. Gore of the Tata Institute illustrates various traditional and non-traditional approaches to social welfare in the Indian context, and one can see the possible conflicts between the professional approach as taught in schools of social work and the contrasting ideologies, one or another of which may be part of the social worker's background.[1] The potential

[1] M.S. Gore, "The Cultural Perspective in Social Work in India," in *An Intercultural Exploration: Universals and Differences in Social Work Values, Functions, and Practice*. Report of the Intercultural Seminar, The East-West Centre, Hawaii, February 21-March 4, 1966 (New York: Council on Social Work Education, 1967).

for conflict exists not only between the values of the social worker and the values of clientele or authorities in the voluntary and public sectors, but within the social worker himself as a professional and as someone whose family background and earlier convictions have prepared him or her for different orientations.

I will not summarise these various approaches here. It may be sufficient to point out that Ghandian and traditional approaches in social work not only were not part of the professional social work curricula but also are difficult to integrate, according to Dr. Gore. These values stem from certain supra-rational assumptions regarding the nature of man and the purpose of human existence, whereas professional social work is committed to rationality and action. The individual professional, however, is not entirely "rational" and is inevitably influenced by his upbringing and the beliefs of his culture.

Dr. Rifat Rashid noted some of the important elements in Pakistani culture of which the social worker had to take account. For example, the notion of confidentiality has to be re-interpreted because of strong family ties, and often the agreement of elders has to be secured before one can talk to a junior member of the family. The social worker has also to recognise the paternalistic nature of the society, and that the distinction was still keen between the class which was perceived as making decisions and the class dependent on these decisions.

In a somewhat different vein, Dr. Almanzor described the prevailing values in the Philippines which affected the social worker's relationship to others. She referred specifically, for example, to fatalism, authoritarianism, close family ties and family decisions, and the importance of not revealing personal problems outside of the family.

What do these illustrations of value dilemmas in social work have to do with social development, family planning, and traditionalism? Simply that they make it abundantly evident that the cultural context of all social work education and practise is of prime importance. Unless the social worker understands the traditional as well as the changing values, not only of his own society, but of different classes and ethnic and regional groups in his own society, and unless he understands his own values, including his conflicts, he will be severely handicapped in making a contribution to as sensitive a field of service as family planning. When traditionalism breaks down in existing authority structures, family patterns, religious forms, and economic behaviour, new norms do not emerge in the same way that one flower fades and another opens up fresh. Characteristically, there is some measure of conflict of norms – intergenerational, urban vs. rural, the more as opposed to the less religious, as well as within the various social and economic sectors. The process of social development is not

necessarily an attack on all traditional values, but rarely occurs – however defined in any given society – without value conflict and resistance from population groups rooted in traditional patterns.

SOCIAL WORK VALUES AND PREMISES REGARDING FAMILY PLANNING

I will now refer to the international conference that took place in Honolulu, where again many at this Seminar were among those present. This international meeting, consisting mainly of social work educators but including United Nations representatives and social scientists, came rapidly to a consensus on a number of premises:

- Recognition of the grave threat to the well-being of mankind of world-wide population growth trends.
- Recognition of the specific deterrent of a high growth rate to the economic and social development of many of the poorer countries.
- Refusal to generalise about what is best or right for any particular country.
- Acceptance of the necessity for national population policies, with strong preference for voluntarism and choice, rather than for coercive means which remove choice.
- Recognition of family planning as a necessary but not sufficient approach to the reduction of the rate of population growth.
- Repudiation of any approach to family planning or population policy which focuses on particular groups in the population rather than on the population as a whole.

With respect to the role of social work and social work education specifically, the working premises, in addressing family planning and population, appeared to incorporate views that:

- Optimise the preventive and developmental functions of social work.
- Recognise the necessity for working with and learning from other disciplines and professions without being too concerned with which discipline is more important or central.
- Note the importance of advocacy.
- Recognise the unique value of paraprofessional case aides, volunteers, and all others not professionally educated who can be encompassed within the social welfare system.
- Encourage needed research in concert with other disciplines in order to acquire relevant knowledge and skill for social work's contribution.
- Express some concern with over-control of family planning by the medical profession in some countries, which can restrict participation in and contribution of social work to the total effort.
- Recognise the limited curricular space within which social work education can address knowledge, skills, issues, and values related to family planning and population, and therefore the necessity of utilising

existing curricular structure wherever possible.[2]

May I say, parenthetically, that this Seminar in Singapore has already demonstrated remarkable progress in the short time since the Hawaii Seminar.

In the domain of values, it was the cultural and religious factors which were regarded as the most significant in the Hawaii seminar. One of the most important cultural deterrents to family planning, as to many other life-planning activities, is a sense of fatalism as a basic way of viewing the world. The belief in the capacity to affect one's destiny is a precondition on an individual as well as on a collective basis to being able to utilise family planning, conception control, and fertility control – although, as we shall see, it is possible to be fatalistic in one's supernatural belief system and not so in daily practise. In this respect, the reduction of fatalism as a view of one's relationship to the world is part and parcel of a developmental function, particularly for countries which are moving toward modernisation. "The social worker has a key role to play in this direction, to help harness the efforts toward instilling the will and the capacity to change this view, and, indeed, to help populations cope with the inevitable frustrations and strains attendant on developing a non-fatalist view of the world."[3] One of the concomitants of such change is the movement to enhance the dignity and rights of women: the very meaning of social development for women is the exercise of will and choice, the very antithesis of fatalism. The terms "freedom" and "self-determination" occurred in our discussions constantly, and it was made abundantly evident that true freedom rests on knowledge and opportunity for choices. Ignorance is not freedom. Voluntarism can only succeed where there is available information and the opportunity for options.

VOLUNTARISM AND FAMILY PLANNING

These references to earlier conferences provide a kind of continuity for us and set a backdrop by which we can proceed in our thinking in the light of subsequent experience. I should like to pick up on voluntarism, the theme that social work most prefers in dealing with family planning.

Voluntarism rests on the premise that parents should have the freedom and the opportunity to make their own decisions about the number and spacing of their children. Family planning is then an

[2] Herman D. Stein and Irwin T. Sanders, "Social Work Education, Family Planning, and Population Dynamics: Summary and Critique of an International Conference" (New York: Council on Social Work Education, 1971), pp.12-13. Reprinted from *Population Dynamics and Family Planning: A New Responsibility for Social Work Education*, Katherine A. Kendall, ed. (New York: Council on Social Work Education, 1971).

[3] *Ibid*., p. 15.

expression of the right of free choice, with the expectation that husband-wife decisions about offspring will be made with the considerations in mind of the health of the mother and child as well as of the social and economic well-being of the family itself.

At the Bandung Conference on Family Planning and National Development held in 1969, it was noted that in Indonesia "every quarter of an hour a woman dies in childbirth."[4] According to several of the participants at this conference, it is not the problem of economic growth or other aspects of economic planning which should affect national policy toward family spacing, but rather facts such as these.[5] The health of the mother is taxed by frequent pregnancies, and malnutrition and poverty attack the physical and mental health of both mother and child. These human reasons should be the basis for family planning incentives, not simply the view of children as unproductive elements. Parents should be informed, and when they are educated and services are provided, then hopefully they will choose family planning. This view of family planning is, in principle, unrelated to pro- or anti-natalist national policy.

There have been approaches advocated and in use, however, which go beyond voluntarism: inducement and compulsion.[6]

Inducement to exercise family planning is an expression of an anti-natalist population policy of a government. It would include tax and welfare incentives for smaller families and encourage women to exert greater independence and to open up alternative careers outside the home. Raising the age of marriage and developing communication measures to develop attitudes favouring a small family would be among the approaches used.

Compulsion has nowhere been completely tried, as far as we know, but has been advocated in many quarters and some beginning approaches have been made. Measures could include sterilisation of parents after they have had a certain number of children, strong tax disincentives or other economic penalties, and stimulation of social disapproval of parents with many children.

Social work in the family planning field has, by and large, taken the voluntaristic approach and thus far has generally expressed itself against coercive measures. The issue is posed, however, about the social work role where the "middle course" of inducement becomes government policy. Should social workers participate in the planning and implementation of such a policy, or restrict themselves to

[4] R. K. B. Hankinson and Mrs. Nani Soewondo, eds., *Family Planning and National Development*. Proceedings of the Conference of the International Planned Parenthood Federation held in Bandung, June, 1969 (London: International Planned Parenthood Federation, 1969), p. 89.

[5] *Ibid.*, p. 36.

[6] James T. Fawcett, *Psychology & Population* (New York: The Population Council, 1970).

voluntaristic approaches? Are there universal professional values at stake, or does the situation only have to be seen in national context?

One illustration of an incentive programme for small families is being tried in the tea estates of India, which are required by law to provide substantial maternity and child care benefits. Such benefits include not only hospitalisation and medical care for the mother and infant, but also long-term food, clothing, schooling, and medical care for the child. A scheme has been introduced whereby the tea estate management offers each woman of childbearing age a savings account into which it will pay a specified amount for each month that the woman is not pregnant. The woman employee makes no payments into the account, but she is not eligible to withdraw the savings until her childbearing years are over. If she does become pregnant, the company ceases payments for a specified period. About 94 percent of the eligible women participate in the program. In effect, the tea estates offer their women employees a choice of receiving the traditional maternity and health care benefits to which they are entitled, or of limiting their family size and receiving roughly the same benefits in the form of savings for their retirement.[7]

Here we do not have an ethical problem of discrimination against large families so much as a reward for small ones; but there are programmes with economic incentives which raise ethical as well as social and economic questions, particularly where they affect the poor and not the rest of the society.

RELIGIOUS VALUES AND FAMILY PLANNING

Traditional religious values clearly have an impact on acceptance or resistance to family planning. However, there is a body of thought which says that the concern with such values as barriers has been overdone, and that where there is adequate information and adequate social and economic incentives, family planning takes hold despite possible deterrence from religious sources. It is also held that the presumed anti-family planning attitudes in some religions are not interpreted as such by the religious leaders, but that the traditional popular practise, especially in rural areas, is not appreciably affected by affirmative positions of these leaders.

Here, I will draw briefly from the literature bearing on religion and family planning, especially in Asia. In so doing, I claim no special authority in this field, but bring these studies to your attention for purposes of discussion.

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[7] William Rich, *Smaller Families through Social and Economic Progress*, Monograph No. 7 (Washington, D.C.: Overseas Development Council, January, 1973).

Buddhism

A study of Buddhist thought and practise in Thailand and Sri Lanka, as they affected the use of contraception, comes to these conclusions:

1. Buddhist teachings have no scriptural formulation to "multiply and be fruitful," nor is there much pressure upon men to prove their virility by fathering numerous children.
2. Nevertheless, there are objections raised by Buddhists toward contraception, but more so in Sri Lanka than in Thailand. The objections are: (a) that it is wrong to take life, even potential life; (b) that use of contraceptives will result in sexual promiscuity; and (c) that family planning will operate against the interests of the Buddhist community which practises it.
3. Communal factors, such as the fear of power in non-Buddhist groups, have apparently influenced anti-family planning interpretations in Sri Lanka Buddhist thought, but where there is no serious communal factor, such as in Thailand, contraception is justified from a Buddhist concern to do the best for children already born and not to prejudice their upbringing. In such situations, the latent Buddhist disapproval of contraception will be overcome and the good of the family will be the major determining consideration.[8]

On the other hand, family planning has apparently taken hold in considerable measure in Sri Lanka.

Hinduism

Hindu belief systems apparently provide little barrier to the use of family planning, and ancient values are judged to have supported the small family norm. In India today there is considerable effort to promote this norm throughout the society, but to do so without enforcement, although enforcement strategies have been proposed. A conference in India concluded that, in the last analysis, it will be the economic pressure of a large family which will lead to a small family norm, along with the provision of social security measures to protect the aged.[9]

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[8] T. O. Ling, "Buddhist Factors in Population Growth and Control," a survey based on Thailand and Ceylon, *Population Studies*, Vol. XXIII, No. 1 (March, 1969).

[9] *Seventh All India Conference of the Family Planning Association of India*, Report of the Proceedings, 14th to 18th February 1971, Manipal (Bombay: Family Planning Association of India, 1971).

A recent study of the eastern region of India states:

> It is interesting to note that illiteracy or fatalistic orientation of the villagers did not appear to stand in the way of adoption of family planning methods such as vasectomy, IUCD, etc. It shows that new practises could be propagated without directly changing the existing values and beliefs as human behaviour may have both a rational and non-rational orientation. . . .[10]
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> In order to find out how far the respondents had a rational attitude toward the birth of children, the question was asked "the number of children one will have depends upon one's fate or will of God. Do you agree or disagree?" In as many as 7 districts, a majority of the respondents replied in the affirmative. The percentage figure was lowest in case of Jaunpur (21.4).
>
> The views of the respondents on sterilisation were also revealing. To the question "if the couple do not want any more children, do you favour operation?" In as many as 8 out of 11 districts, the majority (58 to 86%) replied in the affirmative.[11]

Islam

In a study by the Director of the Demographic Division of The Population Council, it was found that Moslem populations have a consistently higher reproduction rate than contiguous non-Moslem populations.[12] The rate is almost universally high, and shows no evidence of important differences in trends over time. Such observations do not apply, the study notes (although it should be borne in mind that this study was concluded almost ten years ago), to any other world religion, including Roman Catholicism, whose range in reported birth rates is from 17 in Belgium to just under 50 in Costa Rica. Populations of Eastern Orthodox tradition have universally low birth rates, as do most Protestant and Jewish populations. In the spheres of Buddhist and Confucian influence, birth rates range from 17 to over 40.

The study summarises the factors affecting fertility pro and con among Moslem populations as follows:

> . . . the traditional Islamic way of life is culturally favourable to high natality in the absence of voluntary restriction of births within marriage. The maximum potential fertility is reduced by high mortality and widowhood and probably by adverse physiological factors such as

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[10] V. Gopalan, "Review of the Family Planning Programme in the Eastern Region," *Proceedings of the Eastern Regional Conference on Population Policy and Programmes*, Lucknow, May 3-6, 1971 (New Delhi: Council for Social Development, 1971), p. 71.

[11] *Ibid*., p. 75.

[12] Dudley Kirk, "Factors Affecting Moslem Natality," Part Four, "Research and Evaluation," in *Family Planning and Population Programs, A Review of World Developments*, Bernard Berelson et al., eds. (Chicago: The University of Chicago Press, 1966).

malnutrition and disease and by certain practises such as prolonged lactation. The general effect of modernisation should be to ameliorate the adverse factors and hence raise the birth rate in the absence of voluntary control of family size.

The study does not impute any prohibition against birth control to Mohammedan doctrine, because Mohammedan doctrine does not prohibit the voluntary restriction of births. Several Mohammedan religious leaders have declared birth control – although not abortion – to be religiously permissible. The new factor that has entered to modify the anti-family planning undercurrents is government intervention in Moslem countries such as Pakistan, Turkey, Egypt, and Tunisia: " . . . the results of the . . . studies suggest that in each of these countries . . . there is a major reservoir of couples already motivated to adopt family planning if given the relevant information and services suited to their needs."

In a compilation of papers regarding Muslim attitudes toward family planning, there is repeated evidence of high religious leaders in Muslim countries clarifying their view that the Koran does not prohibit family planning, particularly where such measures would preserve the health of the mother and not induce sterility.[13] What this compilation also suggests, however, is that the poorer rural population still believe that their religious leaders are against family planning, that there is a widespread ignorance of techniques and lack of access to family planning information and materials.

At the IPPF meeting held in Bandung, 1969, the State Minister for People's Welfare acknowledged family planning as a basic human right and stated that most of the Islamic Great Scholars of Java can accept family planning as consistent with the law and spirit of the teachings of Islam, "provided that it is carried out with good religious will and intention as a human effort which is not in conflict with the existing law."[14]

Catholicism

The Catholic world shows marked variations in birth rates and use of family planning, and some leading Catholic spokesmen, such as physician John Rock in the United States, have been promoting family planning as consistent with religious beliefs.[15] While anti-

[13] Olivia Schieffelin, ed., *Muslim Attitudes toward Family Planning* (New York: The Population Council, undated). (Standard Book No.: 0-87834-012-2)

[14] Dr. K. H. Idham Chalid, "Keynote Address," in *Family Planning and National Development*, Hankinson and Soewondo, eds., *op. cit.*, pp. 13-14.

[15] John Rock, M.D., *The Time Has Come* (New York: Alfred A. Knopf, 1963).

contraception and abortion views have been traditionally powerful influences, actual practise does not always conform to church teachings even where the local priests are strongly anti-contraception.[16]

In the city of Bogota, Colombia, there is now a local law which makes the employer responsible for the pregnancies of his employees or servants. According to Dr. Fernando Henrique, "When country girls come into Bogota to work, the employer sends them immediately to the clinic to be fitted with a coil." He notes that "This is an interesting and surprising development in a Roman Catholic country, especially in a country like Colombia, which is not exactly regarded as being in the vanguard of progress."[17]

Issues raised for social work education, in the general area of this discussion, are the extent to which the social work curriculum touches religious values, the extent to which it can engage in research in this area, and the extent to which social workers are in contact with religious leaders for interpretation and mutual efforts in the family planning field.

DEVELOPMENT AND FAMILY PLANNING

National development has meant and continues to mean many things, but whatever the interpretation it is associated with economic development, particularly with the growth of an industrial as well as an agricultural sector, along with urbanisation, transportation facilities, differentiation of labour, the spread of literacy, popular access to different levels of education, and the raising of life expectancies. It does *not* mean necessarily emulating the political or other institutional structure or culture of western industrialised countries. Development, in even these minimal core terms of modernisation is associated with a reduction of the number of births per family. The following is a summary of the reasons for this phenomenon as drawn by demographers, particularly where national development has included industrialisation, urbanisation, and other aspects of modernisation:

> "(1) A decline in the death rate increases the proportion of children surviving, and reduces the number of births needed to achieve a given family size; and modernisation is accompanied by a fall in mortality.

[16] Robert B. Hartford, "Attitudes, Information, and Fertility in Medellin, Columbia," Chapter 13, in *Ideology, Faith, and Family Planning in Latin America: Studies in Public and Private Opinion on Population Control* (New York: McGraw-Hill Book Company, 1971).

[17] Katherine Elliott, ed., *The Family and Its Future*, A Ciba Foundation Symposium (London: J & A Churchill, 1970), p. 129.

(2) In an urban industrial society, children are less of an economic asset and more of an economic burden than in a rural society. The economic disadvantage of children is increased by laws restricting child labour and making education mandatory.

(3) Modernisation raises the status of women, increases their relative educational level, and broadens the opportunities for employment outside the home. These changes are competitive with the continuation of uncontrolled fertility.

(4) In rural agrarian communities where education is nonliterate and transmitted within the family, behaviour is apt to be determined by custom, rote, and tradition; in urban industrial communities the force of tradition is weaker and the influence of secular rationality stronger. One aspect of rationality is that couples do not expect as inevitable the consequences of their own sexuality. (Coale, 1967, pp. 168-169)."[18]

Effective maternal and child health services, as part of a development process, serve to create the conditions under which family planning can be accepted, aside from the specific family planning help that can be offered via maternal and child health services. These services, when they work well, help assure parents that their children will survive. Such reasonable assurance is an essential condition for the practise of family planning.[19]

It takes at least one generation for this conviction to develop, so that our time perspective for seeing lasting impact upon the poorest and most traditional sectors of the population should be at least twenty years. The potential effect on the voluntary reduction of births is, ironically, one of the consequences to be expected from the very reduction in infant and child mortality which has contributed to the rapid population growth.

Professor Moni Nag, in a paper on "Cultural Factors Affecting Family Planning," suggests that the importance of cultural factors may be seriously over-rated, and that a large part of the failure may actually be due simply to the lack of adequate family planning services and information.[20] As one illustration, he cites what has happened in the United States due to the dramatic change of attitude toward sterilisation, particularly on the part of men. In 1970, 750,000 men and women were sterilised in the U.S., which represented seven times the total number of sterilisations performed in the previous twelve years, and 70 percent of these 750,000 were men. It had commonly been supposed that American men, like Latin American men, were

[18] Fawcett, *op cit*, pp. 109-110.

[19] Elliott, *op cit*, p. 129.

[20] Moni Nag, "Cultural Factors Affecting Family Planning," presented at the New England Psychological Association, November, 1971. Reprinted by The International Association of Schools of Social Work, 1972.

very conscious of their virility, and would not volunteer for vasectomy from the fear of losing it, and yet they are now having vasectomies in large numbers. A study revealed that this change was due almost entirely to correct information distributed through a rapid upsurge of articles in popular magazines, as well as supplementation by other factors such as suspicion about the effects of contraceptive pills, awareness about population control, and increasing opposition to "female only" methods of contraception. While conditions in the U.S. and in the developing countries are markedly different, the point is that we may be assuming that a cultural pattern is the source of resistance, when instead it is mainly ignorance.

Tara Ali Baig (a leader of the India Child Welfare Council) pointed out the enormous social change in India over the past twenty-five years. Once it was not even possible to talk about contraception, yet today India is full of family planning advertisements and awards for family planning. In twenty-five years, contraception has been accepted by 530 million people.[21] However, neither the slogans nor the contraceptive materials have reached the bulk of the population in the rural areas. It may, therefore, be the absence of awareness and services, and not tradition, that has impeded the spread of family planning.

The family planning movement in India is part of a developmental, modernising direction in planning. Tara Ali Baig points out that traditional codes of behaviour are being changed by sheer necessity—such as the prevalence of poverty, hunger, and unemployment, to which overpopulation contributes heavily. Neither the state nor the population have much choice. The resistances among the population are part of the age-old values of large families, including the desire for sons, the fear of loss of children through death, the security valuation of children for old age. There is also the simple fact of absence of family planning education and services for the poorest of India's population groups.

Demographers have long known that with sufficient economic progress, high birth rates will fall sharply.[22] This has been the experience of Europe and North America over the past century. However, such birth reduction occurs over a long period of time and at relatively high income levels, and seems to have little relevance for most of today's less developed countries where the majority of the population still live in dire poverty. Now there is evidence that in an increasing number of poor countries birth rates have dropped sharply *despite* relatively low per capita income, and despite the relative newness of family planning programmes. This has happened, accord-

[21] Elliot, *op. cit.*, p. 128.
[22] Rich, *op. cit.*

ing to a recent study funded by the Population Council, where the population has shared broadly in economic and social benefits of national progress to a greater degree than in other poor countries. In these countries, too, family planning programmes have been much more successful. The very strategies that bring about the greatest improvement in the welfare of the entire population are also the ones with the greatest long-term effects on reducing population growth.

The most recent national experiences of declining fertility reveal that these have happened at the same time that the majority of the population appeared to have gained access to some combination of relatively modern social services and economic opportunities.[23] The countries showing this most markedly are Taiwan, China, South Korea, Singapore, Barbados, Mauritius, Hong Kong, Uruguay, Costa Rica, and Sri Lanka; in the Punjab in India; and in parts of Egypt.

Certain specific social provisions seem to have specific effects. For instance, there is evidence to indicate that participation *in education* leads to a desire for reduced family size. One explanation is that education can affect the norms and values of persons in such a way that they begin to question traditional practises of their parents or other authority figures.

As noted earlier, the assurance of high *rates of survival* of children is very important for the motivation of people to have smaller families.[24] Thus, if fewer families experience the loss of a child, changes in fertility are soon likely to follow.

Changes *in family income* also seem to have an effect on fertility where these changes occur in the poorest sectors of the population. Income gains concentrated among the wealthy have no effect on reductions in fertility, and so one cannot go simply by GNP trends without knowing what the distribution of national income is among the various sectors of the population.

Another factor is the increased availability of *employment* outside the household for women, which offers an alternative to childbearing. Women who work outside the home are more likely to postpone marriage and postpone having children or, at least, to limit family size.

Despite cultural and religious factors and their undoubted influence on motivation toward family planning, it now appears clear that the improved availability of jobs, income, and social services significantly affects attitudes toward family size in virtually all societies.

After reviewing various inferences to be drawn from the data, Rich states "The more basic conclusion, however, is that people react rationally to a change in circumstances: when it makes sense to have

[23] *Ibid.*, p.9.
[24] *Ibid.*, p. 13.

fewer children, they have fewer children."[25] What is especially significant is that in all the countries or regions of countries cited as showing declining birth rates, the reduction appears to have begun *prior* to the introduction of major family planning programmes and seems to correlate with rather broad-based socio-economic improvement. Family planning was essential to help people in child spacing, but the incentives apparently began prior to family planning.

In sum, family planning programmes have the greatest impact where there have been improvements in living standards and have to be regarded as only one – although a major – influence toward child spacing and reduced birth rates. Indeed, once people begin to try to reduce the number of children because of access to social and economic opportunities, they begin to use "Whatever means are available to limit births, whether or not birth control devices are provided."[26] The need for contraceptive services becomes extremely great at such times because of a wide-scale resort to illegal and induced abortions. In South Korea, rapid socio-economic changes have had a major impact on a large part of the population, and the birth rate has dropped sharply. Abortions have also increased, even though they were illegal until the spring of 1973. The same condition has been observed in Latin American countries such as Argentina and Uruguay.

All of this emphasises that family planning must be regarded as a social service, not just as a means to limit births. As we know, in most societies the wealthy already have much greater access to family planning services than the poor.

THE DEVELOPMENTAL FUNCTION AND FAMILY PLANNING

I have not said much specifically about the developmental function of social work, except for the reference to it in the Hawaii meeting, but it is not necessary to elaborate on what we all accept. The entire context of this paper underlines the importance of the developmental function in social work, for social work is and must be involved in more than remedial or even preventive and rehabilitative work, essential as these are. A developmental function geared toward national objectives of social progress affects broad sectors of the population, not only marginal and vulnerable groups. Participation in family planning programmes and education, where these are seen as contributing to national development, support both a cause and an effect of social development. The cause of free choice, non-fatalistic thinking, healthier mothers, and more wanted and healthier children is supported by family planning, and all of these contribute to development.

[25] *Ibid*., p. 20.
[26] *Ibid*., p. 49.

At the same time, we have seen that the utilisation of family planning increases rapidly when there is a broad spread of social and economic provisions, particularly over the poorest segments of the population. Even when the spread is small and the country is still poor, the opportunity to reap the fruits of some progress apparently has an impact on incentives at least to think about family size. Unless family planning knowledge and services are at hand, such impulses may not have constructive results. The relationship of social work to family planning thus reinforces important developmental functions, while it draws on all levels of practise skills and all levels of manpower.

SUMMARY

Social workers must be aware not only of the traditional and changing values in their society, but of their own personal and professional values and value conflicts. Social work values regarding family planning have generally been identified with voluntaristic approaches, giving information, raising awareness of choices, and strengthening services, but not with telling parents that they must use family planning or insisting on a given number of children as being maximum. Nevertheless, there are national *inducement* programmes to reduce natality, as well as consideration of economic and other pressures. The role of social workers and social work education with respect to these approaches in these countries needs greater clarity.

The views about family planning inherent in major religions have an impact on practise, but there are great variations both in birth rates and in actual family practise in the populations of virtually all major religions. Until recently, birth rates have been uniformly high in Moslem populations, despite the fact that many Moslem scholars hold family planning not to be in violation of religious precepts. However, marked changes in birth rates and use of family planning have recently taken place in the modern sectors of a number of countries where governments have taken positions on limiting population growth.

National development and modernisation – in the sense of urbanisation and industrialisation – usually bring about a reduction of the birth rate, particularly in the urbanised sectors. However, maternal and child health services as well as minimal material conditions are essential to help ensure child survival. Without such assurance, family planning is much less likely to be undertaken.

One of the most striking trends appearing in recent years is that the impulse to limit births arises when a population begins to feel they have a stake in the future – when education, jobs, and social services become more available even to the poorest sectors of the population. This impulse arises even without dramatic increases in family income, but with the sense that there is sharing in social and economic

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progress. Then child spacing begins to occur even without family planning education and services, often resulting in dangerous forms of birth limitation through crude abortions. The importance of this feeling of a stake in the future is such that it may over-ride deeply held traditional practises. In any event, the extension of family planning and maternal and child health services should go hand-in-hand with social and economic national development.

These indications reinforce the position that the most effective and efficient approach to family planning may be to make the options and services widely available, rather than to engage in a heavy investment in motivation on the premise that people will use these services and exercise their choices when they are ready for it.

Family Planning and Population Activities / The Role and Contribution of the Social Worker*

S. H. PATHAK

INTRODUCTION

It is a well-known fact that India was the first country in the world to introduce family planning as a national programme in 1951. Initially, the programme was limited to experimentation and research in a few selected rural and urban areas, and the population reached was very small. From its inception, the family planning programme was under the health administration. Until 1965-1966 it was organised on a clinical basis, at which time the entire programme was reorganised according to recommendations made following a major review of the programme in 1963. In the reorganised programme, the clinical approach was discarded and the programme was to cover the entire country, with emphasis on communication of the desirability of the

*In writing this paper, I have drawn from an earlier paper on the same theme presented at the Bangalore Seminar on Social Work Education and Family Planning, and a "Survey of Social Work Education in Family Planning in Schools of Social Work in India."

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small family norm through community education. In keeping with the major changes in the programme, many important steps were taken at the political, organisational, and administrative levels, as well as in the staffing pattern of the programme. In place of the 'medical social workers' used in the earlier clinical pattern, a new category of workers – "Family Planning Extension Educators" – was introduced at the block, district, and state levels. Many regional and national training and research centres were set up. In persuading the population to adopt the small family norm and to practise family planning, extension methods and mass communication were stressed by the workers.

SOCIAL WORK, SOCIAL WORK EDUCATION, AND FAMILY PLANNING—AN HISTORICAL PERSPECTIVE

By the time the national family planning programme for India was introduced in 1951, social work education had been in existence in India for fifteen years, and there were five schools of social work in different parts of the country (Bombay, Delhi, Varanasi, Baroda, Lucknow, and, a year later, in Madras). Training programmes in social work with specialisations which included medical and psychiatric social work and family and child welfare had been introduced by one or two institutions by that time. The remaining schools had generic programmes of instruction. Family planning did not receive any special emphasis in the schools, although a few topics such as the reproductive system, methods of birth control, and the role of social workers in planned parenthood or family planning were probably covered in health and hygiene, medical social work, or family welfare. Some of the graduates of the schools of social work, however, found employment in city family planning clinics as medical social workers.

As increasing governmental recognition of the importance of the programme brought increased allocations for family planning in the Second and Third Five-Year Plans, probably a few more topics on family planning were added in the schools, and a few more graduates found employment in the family planning field. As the programme became more and more prominent, and as it seemed to offer greater opportunities for employment to the graduates, the schools of social work began to evince greater interest in it. This led to some debate and discussions which centered mainly on the question of whether family planning could be considered a part of social work. This is indicated by the fact that family planning was among the fields whose relationship to social work seemed to require some clarification. In 1965, the Association of Schools of Social Work in India (ASSWI) appointed committees to examine this question and to prepare position papers on these fields. The position paper on family planning was presented at a

seminar organised in 1966 at Udaipur, and there it was generally accepted that family planning was a legitimate field of practise for social work. It is of some interest to note here that the ASSWI did not discuss the teaching of family planning in schools of social work at any other seminars until 1972, although various other aspects of social work education were discussed in the different ASSWI seminars.

In May, 1972, the ASSWI gave serious attention for the first time to the family planning field when it organised a workshop on "Social Work Education and Family Planning" at Bangalore. This workshop brought together administrators, doctors, demographers, social scientists, and social work educators. The role and contribution of social work to the national family planning programme was discussed at this workshop. It was felt that family planning had become a major programme of social development in which social work in developing countries such as India must participate in a big way, and that its involvement so far had not been adequate. It was also felt that social work could make a significant contribution to the success of the national family planning programme if certain changes were made. It was obvious that the curricula of the schools of social work would need considerable strengthening of the family planning content in class-room instruction, field work, and research. The schools could also undertake research projects to discover ways in which to adapt social work methods to family planning and to demonstrate the effectiveness of the social work contribution to family planning.[1]

As an indication of the serious interest of the ASSWI and member schools in participating in the national family planning programme, the ASSWI took the unprecedented step of creating machinery to follow up the major recommendations made at the Workshop without any delay, and it would not permit any fading of interest in the recommendations once the workshop was over. For this purpose, the ASSWI appointed a Family Planning Committee consisting of eight members under the chairmanship of Professor S.N. Ranade.

This Committee has been quite active and has already implemented one of the recommendations of the Bangalore Workshop, namely, the organisation of a Summer Institute on Family Planning for the faculty of schools of social work. In all, 17 Indian schools – including both undergraduate and post-graduate social work programmes – deputed 24 participants to attend the Summer Institute at Gandhigram, which was financed by a private funding organisation, the Family Planning Foundation.

The Committee circulated an outline of family planning content to

[1] *Social Work Education and Family Planning*, Proceedings of the Workshop at Bangalore (Madras: Association of Schools of Social Work in India, 1972).

be included in the curricula of schools of social work. It also determined that a benchmark survey of family planning in schools of social work would be of great help in the task of strengthening the curricula of schools of social work in class and field work, and preparing graduates to work in the field of family planning or to participate in it while functioning in some of the traditional fields of social work. Such a survey, it was thought, would also be useful in consideration of the conduction of research on family planning in schools of social work. This survey, which has just been completed, was also financed by the Family Planning Foundation.

The Indian Association of Trained Social Workers (IATSW), however, has been more active than the ASSWI in this respect. The IATSW submitted memoranda to the two U.N. Evaluation Teams on Family Planning invited by the Government of India in 1965 and 1969 respectively. In these memoranda, the Association argued for the recognition of social work qualifications for employment in the field of family planning and better employment opportunities for social workers in the programme. The Association also sent a delegation to explain the memorandum submitted to the second U.N. Team. As a result of these efforts, the Team devoted a whole chapter in its report to the social welfare aspects of family planning. In it, the greater utilisation of graduates of schools of social work in family planning programmes was stressed.

The Association also organised a workshop on Social Workers and Family Planning at Delhi in 1966. The workshop brought together administrators, social workers, doctors, and health educators who discussed the role and contribution of social workers to family planning programmes.

ROLES AND FUNCTIONS OF SOCIAL WORKERS IN FAMILY PLANNING

In practising social work, the social worker may play several roles, according to the needs of the situation. He can be an enabler, advocate, educator, mediator and/or social actionist, and these roles are not mutually exclusive. Traditionally, the enabling and mediating roles have been emphasised. In the enabling role, he may also be doing some work as an educator, but this is a relatively minor element. In the family planning field, he will have to play each one of these roles at different stages. In community education programmes for family planning, he is more often an educator, advocate, and social actionist. Here, I am using a different meaning for the role of advocate than the one usually attributed to it. In family planning, the social worker is frequently an advocate of an idea as well as of the programme itself.

He is committed to the desirability and success of family planning. He will use all his powers of persuasion and influence to motivate people to accept and to practise planning; however, he must do this in consonance with the values and approach of his profession. He enables the motivated, yet ambivalent, couple to take the actual step to practise family planning. In case of complications or failure of the methods used, he gets the necessary medical services to the clients by mediating between them and the medical services.

Approximately 80 percent of the social workers in family planning are employed as front-line workers, mostly at the district level or in urban areas. Out of the 55 social workers in the field who responded to the survey question asking for a description of their function in their present job, 41 are currently working as Extension Workers at the block and district levels, as District Mass Education and Information Officers, and as Medical Social Workers. The information that they have given suggests that most of them perform the six major functions described below:

1. *Community Education Activities.* This function, which was mentioned by 39 social workers, includes organising mass publicity for family planning by using films, posters, talks, distribution of literature, group discussions, and community meetings. Performance of these activities calls for skill in planning a mass education drive while bearing in mind the characteristics of the audience or target group, selection of suitable aspects of group or mass media for education, implemention of the mass educational programme, and evaluation of the programme.
2. *Supervision and Guidance.* Twenty-three of the survey social workers mentioned supervision and guidance as one of their functions. This involved not only administrative supervision such as inspection of field staff, but also technical guidance to such field staff as the health assistants and auxiliary nurse midwives, in the case of block extension educators, and guidance of block extension educators and other paramedical staff by the district extension educators.
3. *Motivation of Eligible Couples.* Fourteen social workers mentioned this function. In one sense, we can say that the community education programmes are meant to motivate eligible couples to adopt family planning; however, under the function of motivation of eligible couples, a different set of activities seemed to be described by respondents. This included door-to-door canvassing of eligible couples and counselling those who came to the primary health centres of the family planning centres at the level of individual couples and, in a few instances, through small group discussions. This function may also include

motivating eligible couples to accept more effective and desirable methods of family planning.

4. *Follow-up of Services.* Twelve of the social workers mentioned that their functions included follow-up work with persons who have been sterilised, fitted with the IUCD, or provided with condoms.
5. *Provision of Contraceptives.* Supplying condoms to motivated persons is included under this, and 13 social workers mentioned this as one of their functions.
6. *Coordination and Liaison Function.* Twelve social workers stated that their jobs involved maintaining liaisons with the staff of other departments at the district family planning bureaus or medical and health services, with developmental personnel in the community development departments, and with voluntary organisations, as well as coordination of the work of these various people.

The three most important functions of many social workers seemed to be community education activities, supervision and guidance, and motivation of eligible couples.

THE SOCIAL WORKER'S ROLE IN AND CONTRIBUTION TO FAMILY PLANNING

One of the ways in which social workers can contribute to the family planning programme is to occupy positions in the programme itself—particularly at crucial points in the programme. Based on the estimates made by the schools of social work in India, there may be approximately 350 graduates currently employed in the family planning programme. This works out to be five to six percent of the 6000 to 7000 social workers currently employed in the whole field of social welfare. Since employment opportunities in family planning have only improved since 1966 for social workers (following the reorganisation of the programme), the percentage of social workers employed in this area can be considered as quite satisfactory. It is not only the total number of social workers in the programme that is of significance, but also whether they operate at crucial points in the organisational and administrative pattern of the family planning programme. In addition, it is essential that the numbers of social workers employed must be sufficient to make an impact on the delivery of service.

From the point of view of management and operation, it is widely accepted that the crucial point is at the district level.

There are three major posts at this level:

1. The District Family Planning Officer, which is mostly filled by doctors with a clinical orientation;

2. The District Propaganda and Mass Education Officer; and
3. The District Extension Educator.

Administratively and operationally, the District Family Planning Officer is the person who is expected to play the role of leader of the team. Unfortunately, as already mentioned, these posts are occupied mostly by young medical graduates who have had little preparation to assume a leadership role in a programme which is essentially a community action programme. In many cases, this has led to disharmony among the team members. The Second U.N. Evaluation Team recommended that "the post of District Family Planning Officer should be open not only to medical and public health doctors but also to members of other professions involved in the family planning programme." At a later point in their Report, the Team made a specific reference to "the possibilities of enlisting wider participation of trained social workers" and stated: "Social work training provides an excellent background for many aspects of family planning work – e.g., counselling and motivation – and the present under-utilisation of social workers is therefore unfortunate. Trained social workers with higher academic qualifications could help free medical personnel for medical work and, at the same time, improve administrative efficiency."

In the four years since this recommendation was made by the Team, the situation has not changed significantly, although a few non-medical persons from other professions (including social work), have been employed as District Family Planning Officers.

In regard to the other two positions at the district level, it is my estimate that approximately 250 social workers are employed in these positions, or about six to eight percent of the total of 4000 workers in the programme. There are about five to six social workers employed at the state level in such jobs as State Extension Educator. At the higher levels of the national family planning programme, both in the government and voluntary organisations, only a few social workers are employed. They hold such positions as Family Planning Consultant to a foreign foundation, Programme Officer in the Department of Family Planning, professor in an international institute of training and research in family planning, and Training Officer at the headquarters of a prominent voluntary organisation with countrywide branches. Also, a director of a leading school of social work is a member of the Committee on Socio-Economic Studies on Family Planning, and the Coordination Committee for Research in Family Planning, Department of Family Planning, Government of India.

Although social workers are occupying crucial positions in the national family planning programme, it is difficult to describe what their contribution to the programme has been. We have, however, the

opinions of social workers in the field and social work educators on this point. At the workshop on "Social Work Education and Family Planning" held at Bangalore in 1972, the social work educators seemed to feel that the involvement of social work in the programme and, consequently, its contribution to it was not great. Recently, as part of a study which I conducted, the opinions of social workers in the field were sought on the contribution of social workers to the family planning programme. Out of 55 respondents, 25 said that it was moderate, 23 stated that it was high, and seven mentioned that it was low. In my opinion, the most we can say is that the social workers' contribution to family planning has been moderate, and we have no information as to precisely what has been the nature of this contribution. As these opinions are expressed by workers in the field doing mostly motivated educational work at the district level, it is probably safe to assume that their contribution has been in this area.

Social workers can also make contributions to family planning in other ways than direct employment in the programme. They can conduct research, which may include evaluative studies of family planning programmes in one area or region; conduct research-cum-action projects to develop a more effective approach for community education and motivation; or conduct research in any aspect of family planning in which they feel competent. The information made available by the schools of social work for the ASSWI survey reveals that the social work contribution in this area has been practically nil. So far, nine schools of social work have conducted about 30 research studies in various aspects of social welfare; none of these studies was on family planning. At present, one of the schools is conducting research on family planning in an industrial organisation. Another school recently completed a "Survey of Social Work Education in Family Planning in Schools of Social Work in India" for the ASSWI. One faculty member has made an analysis of abortion cases on the basis of data obtained from a hospital, but this report is not yet ready. The ASSWI, through its Family Planning Committee, is striving to promote school research on family planning, but not much progress has been made in this direction.

Social workers can also make useful contributions by critical analyses of the population policies of the government, the administrative and organisational structure, and the implementation of the family planning programme either on the basis of secondary data or from the point of view of their own philosophy and approach. This would require feedback from the front-line social workers either by means of a survey or by a survey of articles based on field experiences. However, social work's contribution to family planning literature is extremely limited and the published articles are very few in number.

I do not wish to paint only a gloomy picture of the contribution of social workers to family planning in India, so let me also point out what has been done. There have been any number of seminars, workshops, and orientation training programmes in family planning, particularly during the past seven years. Many schools of social work have participated in these through their faculty members. A few senior teachers from some of the leading schools, which are strategically located in the capital cities of the state government and the central government, had better opportunities than other schools to influence the formulation of the policies and programme of family planning through formal and informal meetings. Social workers have, by and large, stressed the importance of the human factor in the programme. They have been very critical of the target-oriented crash programme of family planning which exposes the entire programme to abuse and consequently may create an unfavourable atmosphere for the adoption of family planning. They have emphasised the importance of the motivational aspects of education, which were long neglected. They have pointed out the dangers of "oversell" through aggressive, high-pressured mass propaganda and the complementarity of other means of interpersonal communication such as counselling, small group discussions, use of local leaders, etc. They have drawn the attention of the administrators to the gap between a professed "cafeteria" approach and the actual practice of advocating a favoured method without giving couples a real choice. They have pleaded for adequate and effective follow-up services after IUCD insertion or sterilisation. (I might note that social workers are not the only group who have done all these things.) There is reason to believe that all these efforts have made some impact on the policymakers and administrators.

The point I wish to make here is that there have been sporadic, but not sustained, activities by social workers in influencing the family planning programme. Even when some of these activities have initially yielded good results the gains have not been consolidated by further follow-up work. For example, the IATSW and the ASSWI did not capitalise on the favourable recommendations made by the Second U.N. Team. The Team made a number of concrete recommendations for social welfare, which included:

1. The establishment of a committee, with representatives of the Central Social Welfare Board, the heads of schools of social work, the Department of Family Planning, and the Indian Association of Trained Social Workers, for determining what types of family planning information and advice can most suitably be offered to different categories of social service clients; and
2. Enlisting the IATSW to play a significant role in shaping public

opinion with respect to family planning by organising seminars, workships, and conferences, at which professionals and laymen could have the benefit of the dialogue.

Four years have passed since these recommendations were made, and nothing has been done to persuade the government to implement them. The task would not have been difficult when we consider the fact that these recommendations were made by a prestigious interdisciplinary team of experts which came at the invitation of the government.

One more avenue which social workers in India can explore in order to influence policies in the population field is to seek representatives from the two Associations on the Central Family Planning Council which, in effect, functions as a policymaking body and has representation from the state and central ministers, government departments concerned with family planning, and voluntary bodies. This is not an impossible task, but so far the Associations have not made any attempt to do this.

In conclusion, it may be said that social workers in India have made an entry into the family planning programme in not inconsiderable numbers at several crucial levels, and that their contribution to family planning is not insignificant. But much more needs to be done in research, development of literature, and formulation of population policies. This calls for jointly organised and sustained efforts by the IATSW, the ASSWI, and the workers in the field.

The Social Work Curriculum at Graduate and Undergraduate Levels / A Guide for Integration of Population/Family Planning Content

SOLEDAD A. FLORENDO

My assignment in this Workshop is to present a background paper on curriculum content which will give an overall view of the curriculum changes which have taken place as a result of the IASSW-SSWAP Project. It includes curriculum organisation, structure and course content on population/family planning, problems encountered, and lessons learned.

The first attempts of the Schools of Social Work Association of the Philippines (SSWAP) at curricular change came as a response to Presidential Decree No. 79—the Declaration of the National Family Planning and Population Policy of the Philippines and the Department of Education and Culture Memorandum for the integration of family planning and population education into the entire educational system. This provided the structure for the institutionalisation of family planning and population education into the public and private school systems and it was to be implemented in the shortest possible time. In order to assess the full impact of this decree, three important considerations must be taken into account: (1) the socio-political

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climate following the declaration of martial law on September 21, 1972; (2) the unprecedented leap into accelerated development and the social change resulting from increased industrialisation and urbanisation; and (3) the reorientation of the educational system with a redefinition of the roles and functions of universities to set new directions and to train the manpower needed for the tasks that lay ahead. Also by Presidential Decree, other courses such as agrarian reform, taxation, cooperatives, and the new constitution had to be included in our already crowded curriculum. Thus, family planning is only one of the many new compulsory courses in the schools. The important thing to consider is that population and family planning is not an isolated or separable problem, but a crucial issue in the total development plan.

Programmes on information and education and clinical services by such organisations as International Planned Parenthood, Family Planning Organisation of the Philippines, Pathfinder, UNESCO, Colombo Plan, and others have highlighted the need for family planning. The socio-political climate was set for an intensified effort by all sectors of the government—health, welfare, labour, and education—as well as the private sectors, to solve or at least to minimise the effects of overpopulation. In view of this background, we can appreciate the validity and propitious timing of the IASSW-SSWAP Project.

Curricular changes cannot be viewed apart from the programmes and services which will require manpower for social work practise and education in general, and family planning in particular. A study of the sequence of events that led to the present stage of development of our population policy reveals that there were a number of different strategies adopted by the family planning organisations: (1) the medical-clinical approach; (2) the community approach, which emphasised community lay participation and the mass media as a powerful means of information, education, and motivation; (3) the rational approach, which assumed that, in family planning, acquiring knowledge and developing proper attitudes would be followed by practise; (4) the social change approach, which advocated institutional reforms in order to induce cultural changes in society that would favour small families; and (5) The social legislation approach, which sanctioned the use of incentives and disincentives in family planning.

The IASSW-SSWAP Project fits in most closely with the third approach, with education and motivation as the main thrust, but there is no implication that old strategies have been abandoned in favour of new ones. Rather, the process is incremental, a matter of refining the old and expanding or shifting emphasis to new pro-

grammes. The strategies and plans developed set the direction for programmes and service and these, in turn, determine the social work roles and functions for which the schools have to prepare qualified workers.

In order to determine whether or not schools were meeting the needs of the profession, the SSWAP organised the First Faculty Seminar-Workshop for Social Work Education and Family Planning in February, 1973, and the Second Faculty Seminar-Workshop in August, 1973. It was the consensus of the participants at these seminars that, in addition to the undergraduate, graduate, and post-graduate degree programmes, a two-year, post-high school, non-degree course be offered by all schools in order to meet the need for paraprofessional workers in the expanded programmes of the Department of Social Welfare. Also, one school had started and another one was seriously considering the possibility of offering a doctoral programme in social work.

Understandably, because of the revisions of the curriculum and other limitations and constraints on the schools, it was deemed necessary for the SSWAP to set the following guidelines:

1. There a e many areas of concern related to social development in which social workers are already involved – land reform, green revolution, urban and rural planning, nutrition, environmental sanitation, and family planning, to cite a few.
2. There is a need to restructure the curriculum in order to give more emphasis to social development and to include family planning within this developmental design.
3. There is a need for clarity in what is meant by "integration" of family planning content into the curriculum. Does it mean merely giving it more emphasis in the course content? Is it merely inserting it n some specific topic for discussion? Or, is it a process by which family planning, knowledge, attitudes, and values can be _____ into the social work curriculum. (The writer left this blank on purpose, so that the reader may choose the term which he prefers. One school uses the term "infuse"; another school, "permeate." The writer prefers the word "transfuse," considering that there is an infusion of family planning content into the course and, vice-versa, an infusion of the course content into the philosophical base, ethical orientation, and broad human and environmental dimensions of family planning. For example, there is reason to include the concepts of human dignity, self-determination, and confidentiality as expressed in social work philosophy and ethics.)
4. With respect to our culture, the integrated approach may minimise objections from parents who may consider frank dis-

cussions on sex indelicate or premature for youth. A separate subject, labelled as such, would be vulnerable to such criticism.

5. There is, however, a possibility that non-social faculty members who are not comfortable in discussing human sexuality may invoke academic freedom to skirt away from the issue. Thus, teaching family planning may remain on paper but not in practise. Faculty development becomes imperative if we are to achieve our goals. Population education as an area of concentration in the curriculum for teacher training may be one solution.
6. The fact that IASSW viewed integration as the needed approach to population/family planning education does not inhibit any school from also offering it as a separate course. This would have the added advantage of its being taught by a competent teacher or a team of experts. If the course is offered in the last semester of the programme, it can help to synthesise all the prior learning in family planning integrated in other subjects.
7. In teaching the course, it is inevitable that new and culturally "taboo" terminologies may surface. Development of an indigenous glossary and effective communication skills should be part of social work's concern.
8. There is consensus among the SSWAP member schools to encourage diversity in curriculum development by giving each school autonomy in the choice of courses, time allocation, and manner of integration. It is implied that the commonality in course content would be provided by the basic requirements of the Bureau of Private Education with regard to the number of units for courses in each area.
9. We have no definite knowledge of how our target group will react to the teaching of human sexuality. The reasonable approach would be to maintain a low profile and visibility at the beginning (first year), in order to avoid possible anxiety in the parents and resistance from the students.

CURRICULUM OBJECTIVES AND CONTENT IN POPULATION EDUCATION AND FAMILY PLANNING

This model for curriculum development is presented for its practical value only and it has little or no theoretical pretensions. It does not attempt to define what is a good curriculum; it simply suggests a way by which content on family planning/population may be integrated into the social work curriculum. It is not intended to be a pacesetter for others to follow, but a pathfinder in search of the best way to reach our goals, bearing in mind the limited facilities of the schools, the

rather unclear roles and functions of social workers in family planning in our country, and the short period of five years within which the programme has to be planned and implemented.

For the sake of brevity, rather than describe each individual school curriculum, a combination of different models shall be used as the point of departure. In the desire to improve content as well as instructional methods, distinct innovations are being tried. One school uses "modes of intervention," while another uses the "integrated method." Teaching of the course Social Problems was done at two levels – the visible macro-dimension of massive problems like poverty, the population explosion, etc., was covered first, and later discussion was based at the micro-level as the resulting problems of individuals and groups or families were studied.

In the case of field instruction, the schools noted a paucity of agencies that could provide adequate caseloads to meet the students' needs for experience in such fields as family planning and day care. One school has initiated four "floating placements," and another a "drop-in" centre on the university campus.

With respect to methods of intervention, all schools indicated the use of varied opportunities for the interplay of casework, group work, and community organisation as methods. However, there is a discernible shift toward increasing emphasis and utilisation of community organisation, as the goals of social work practise in developing countries are oriented to developmental tasks which are concerned with general community welfare rather than those of individuals and groups.

USE OF THE GUIDE

This section is intended to serve as a guide for the integration of population/family planning content into the undergraduate and graduate curricula of social work. The guide is in four parts: (1) educational objectives, (2) major area content, (3) course content outline, and (4) a brief presentation of possible topics for class discussion or field application. The teacher may use any approach or method appropriate in the teaching of the subject matter. The suggested topics included in each area will provide the teacher with substantive knowledge of population and family planning content related to the particular subject matter.

In spite of the wide coverage of subject matter content, it is hoped that coherence and consistency can be achieved without unnecessary overlapping and repetition, although overlapping may be unavoidable or desirable for emphasis in some instances. For example, values may be discussed in such courses as Philosophy and Ethics as well as in Social Policy and Human Behaviour and the Social Environment.

THE UNDERGRADUATE (BSSW) CURRICULUM WITH INTEGRATED FAMILY PLANNING/POPULATION CONTENT

I. Roles and Functions of BSSW Social Workers in Family Planning Activities

A. Giving information to clients to help them to understand the facts about, and to motivate them to accept, family planning; to let them know that it is socially acceptable and that there are different methods which they can practise; and to inform them of the alternatives open to them, without coercion and with complete freedom of choice.

B. Initiating discussions, identifying problems, and giving counselling services.

C. Recording case studies.

D. Making referrals, follow-up procedures, and home visits.

E. Working as medical social workers in out-patient clinics and in obstetrical and post-partum wards when assigned to hospitals.

F. Working on rural health teams.

G. Organising the people, when working in community centres, to ask local authorities for family planning services and maternal and child care.

H. Organising groups of mothers, young couples, and youth in settlements and housing projects for family planning discussions.

I. Giving information to and motivating workers in factories.

J. When working in family welfare, advising clients with problems related to imbalance between family size and income and clients on public assistance, helping in institutions for unwed mothers, and helping multi-problem families.

II. Educational Objectives

A. To equip social work students with the knowledge, attitudes, and skills necessary to provide adequate information and services to individuals who need family planning advice.

B. To enable students to acquire an understanding of family planning as an important preventive measure for social and health problems and help them internalise the philosophy and goals of family planning as part of social development.

C. To help students to identify and understand the use of contraceptive methods and the techniques currently available, their relative effectiveness, acceptability, advantages, and disadvantages.

D. To help students to acquire knowledge of community resources, both local and national, in family planning to enable them to make referrals, to follow through on referrals, and to initiate services in relation to family planning.

E. To help students to acquire an understanding of their role in the family planning programme as a member of a team.

F. To gather data for documenting the adequacy or inadequacy of family planning services in agencies which are independent units or parts of health and welfare organisations.

G. To identify agency policy in conformity with national policy and the administrative structure that provides the base for the family planning services.

III. Major Area Content

A. Human Behaviour and Social Environment

1. Objectives: The student should acquire knowledge of psychological, social, cultural, and physical forces related to population dynamics and family planning which promote or impede social functioning.

2. Course Content: The family as a central unit of analysis in population planning; structure, composition, formation, and organisation of the family; the nuclear and the extended family; size of the family and family income imbalance; the strengths and weaknesses of the Filipino family; the role of the family in procreation and transmission of culture; culture and traditionalism as impediments to change from large to small family size; how pregnancy in the wife soon after marriage saves the couple from being social outcasts in the community; preference for sons to perpetuate the family name.

Social change and the changing status of women who work outside the home; changing authority and decision making patterns as to the number and spacing of children; urbanisation and modernisation as factors in the social mobility of nuclear small-size families; ideals and breakdown of various family types and groups; communication patterns between spouses, especially on matters of sex and family size.

The cult of *machismo* in the Philippine culture, the effect of Spanish influence, and problems in sex identity; femininity and submissiveness in the female and exaggerated importance placed on motherhood; community prestige related to ability to support a big family; need for male motivators to work with male clients and female motivators with female clients; the male's dominant position in sex relations threatened if wives are more knowledgeable about sex and family planning.

Education and higher aspirations conducive to the small family norm; how the woman's role as wife and mother through procreation is altered when she works outside the home. Modernisation and social mobility as favouring small nuclear families;

how highly motivated couples and satisfied acceptors provide a strong network of support for family planning; how the individual's conformity to social norms affects the initial desire for children; how group mores are internalised through conforming behaviour.

Strains on family functioning – broken homes, economic dependency, disease and malnutrition, unwanted pregnancy, illegitimacy, abortion and sterilisation and their psychological and physiological consequences.

B. Social Policy and Social Planning

1. Objectives: To know and appreciate the meaning of the national policy of the Philippines with respect to population/family planning; to be able to identify and understand agency policy in conformity with national policy and the administrative structure that provides the base for family planning services.

2. Course Content: Social philosophy as the basis for social policy and planning; social services no longer considered as privileges but as rights; family planning viewed as a human right to be enjoyed by and accessible to those who desire it; policy and planning designed so as to engage people not simply as consumers but as participants in problem-solving – people may organise themselves and, through social action, request family planning services. Social policies and goals needed to conform to the societal values of a given society; religious beliefs and values of ethnic groups to be respected; counselling for personal malfunctioning in sex matters; favourable population policies to improve the social environment; necessary measures to strengthen family planning programmes; family planning, when seen as a preventive and developmental programme which reaches out to more people, is less expensive in time, effort, and money, has a more lasting effect, and prevents human suffering.

Increases in economic growth are used up by the population explosion and policy on family planning should be considered essential to development; limited resources are available to solve massive problems; the need to establish priorities – family planning, maternal and child care, nutrition, and programmes for youth are top priorities in our scheme of development.

Need for rural welfare to be given the same emphasis as urban welfare; family planning programmes in rural areas need more programme support; all social policies, plans, and programmes need periodic evaluation; this is applicable to family planning programmes.

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Policies with regard to abortion, sterilisation, and service to unmarried individuals and minors must be clearly stated for the guidance of the staff and information of the public. Policies with regard to foreign aid and counterpart funds from local organisations for family planning are often established in the international office.

C. Administration, Programmes, and Services

1. Objectives: To acquire knowledge and skills related to principles of administration and supervision of family planning agencies, programmes, and services for problem-solving or for prevention; for promoting conditions of optimum balance between family and population size in relation to environmental, economic, social, and psychological resources of the family, community, and society.

2. Course Content: Knowledge of agency structure, nature of its auspices – private or governmental, such as the Family Planning Organisation of the Philippines, The Pathfinder, Inc., Planned Parenthood Association, and Population Commission, respectively; how these are funded from local or foreign sources; how they are created – by legislative fiat or by voluntary private effort; how coordination is achieved between governmental and private agencies.

Organisational structure; the governing board of directors; relationships with existing networks of health and welfare programmes such as maternal and child care and nutrition integrated with family planning services; relationships between professional staff such as doctors and nurses, social workers, and volunteers in the community who support family planning efforts.

Programmes and services – information, education, and motivation among young couples and adolescents in the community; organisation of groups of mothers in settlements and housing projects; engaging youth to talk about their problems and feelings in relation to sex.

Hospitals and clinics to include family planning in their wards and out-patient clinics; premarital counselling in family welfare agencies; supervision of family planning services to upgrade and maintain standards of clinical practise and to prevent punitive and coercive application of agency policies; guaranty of confidentiality of records that may be prejudicial to clients; avoidance of a worker imposing personal moral values on the client; seeing that an adequate supply of contraceptive devices and drugs are maintained; obtaining feed-back on complications to minimise the fear of certain contraceptive methods.

D. Modes of Intervention (Methods)

1. Objectives: To deepen the student's knowledge and skills in involving individuals, groups, and communities in problem-solving. To acquire knowledge and skills related to the delivery of services and problem-solving by the use of one method or a combination of methods—casework, group work, and community organisation—in social work practise related to population and family planning.
2. Course Content: Casework approach to problem-solving in such cases as unwed pregnancy, illegitimacy, marital conflict arising from poverty; conflicts due to sexual maladjustment between spouses; conflicts due to choice of contraceptive method; parent-child conflict arising from sexual deviance of children. In debilitated mothers, fear and anxiety from closely spaced pregnancies; in low income multi-problem families, lack of means to educate children or to provide health care to the family.

   Use of group work as a method of intervention in treatment of intra-psychic or social maladjustments in sex-role identity in adolescents; use of group experiences to encourage women who are hesitant to accept contraceptive advice, or to help a group of husbands to express their fear of loss of virility or sexual satisfaction with the use of contraception, or to encourage a group of post-partum patients in an obstetrical ward to accept IUDs before discharge.

   Making use of the intercessor-mediator mode of intervention in referrals of clients who need family planning services, or in obtaining legal aid to help a minor who has been raped or made victim of incest to have family planning or birth control services made available. How the social worker's presence can be a help and moral support in crisis situations such as a hospital emergency in abortion or courtroom hearings on parent-child or husband-wife relations as they relate to family planning problems in the family.

   The usefulness of the advocacy role, particularly in mobilising community resources for organising family planning services in connection with puericulture centers near settlements and housing projects.

   Determining who the select group of people are who represent the power structure of the community and, subsequently, who control its resources—the doctors, nurses, legislators, teachers, priests, etc.: how to get their support for facilities and free contraceptive supplies and services for people who need them: whether married or unmarried, for the mentally ill, and for those with chronic illnesses such as tuberculosis, Hansen's disease, epilepsy, etc.

Encouraging board members of voluntary agencies to popularise family planning activities through their community programmes, for example, the YWCA, the National Federation of Women's Clubs, and the Civic Assembly of Women can sponsor a network of family planning centres in strategic places throughout the country.

Engaging the social worker in social criticism to document deficiencies in health and welfare programmes; encouraging a professional association to make known its position on such matters as liberalisation of divorce laws, on employer's discriminatory practises against married women, or on the policies of family planning centres that will not service unmarried women; encouraging citizens to use social action to improve the working conditions of women and youth.

The need of the social worker to employ techniques of effective communication to elicit strong community support for his cause in order to convince others through a properly documented and analysed presentation of facts and figures. Above all, the social worker's cause must be broadly understood by the community—*family planning is one such cause.*

E. Philosophy and Ethics

1. Objectives: To help the student to acquire attitudes and understanding of the concepts related to the professional values involved in family planning—the worth and dignity of the individual, the right to self-determination, the right of a child to growth and development, self-realisation, and the right to equal opportunities.
2. Course Content: The preventive role of social work in providing measures to prevent social breakdown; new institutional arrangements as a result of social change; the commitment of social work to initiate social controls under societal sanctions when there is a lag between the need for, and the resistance to, change.

   How society can protect the rights of an unborn child—must children continue to be born to parents who are irresponsible and cannot provide for their basic needs? Family planning as one of the human rights for all people—the right to have babies by choice rather than by chance—a right that must be available to and shared by all.

   The right to self-determination and protection of the individual as involving reciprocal responsibility for societal good; how family planning is concerned with both. The influence of human ecology on human lives; environmental pollution as a hazard to all people; the interrelation of pollution and over-

population; modern technology and its effect on health and death rates. Whether technology, through family planning, can help to maintain a balance in population.

F. Values

1. Objectives: To acquire knowledge of the individual's values and expectations in regard to childbearing and family size; to promote acceptance of the small family norm as desirable; and to resolve conflict between individual welfare and the collective welfare of the nation and society.
2. Course Content: The need for social workers to be aware of their own values and those of their clients in regard to human sexuality and reproduction; to delineate Philippine values and practises related to family planning and family size; to determine the strengths and weaknesses of family values and practises as they affect decision-making in family planning; the need to consider alternative values, concepts, and practises dealing with responsible parenthood and citizenship; the need for active participation and involvement in community activities related to family planning and to know what are the different agencies and community resources available.

   The Filipino values of personalism and familism viewed as dysfunctional in contemporary society; religious fanaticism and fatalism; the view that the number of children born to a couple is an expression of God's will; the adverse effects of this view on family planning efforts, the problem that family planning in the Philippines is acceptable only if male children have been born.

   Unwed mothers as sufferers of the consequences of their pregnancies, while putative fathers go free from any responsibility; the need for a wife to endure the hardships and dangers of frequent pregnancies and their adverse effects on her health as proof of her submissiveness and her patient suffering as wife and mother; the great influence of opinion leaders in the Philippine community, and the crucial need for them to internalise the value of the small family norm.

G. Research

1. Objectives: To acquire knowledge and skills in the use of vital statistics and in demography. To know how to analyse existing research on population. To appreciate and know how to utilise the results of research.
2. Course Content: Participation in simple research studies such as community surveys on number, size, composition, and other characteristics of different types of families; studies of the age

structure of the community population their income levels, educational attainment and levels of aspirations; the correlation between the number of children and the employment of women outside the home; social research on knowledge, attitudes, and practises in family planning, and the different methods of contraception used and their acceptability and effectiveness.

H. Field Instruction: Skills are best acquired through learning by doing. Students may be asked to make field visits to different family planning agencies to study their activities and the job description of family planning personnel. From the job description, the necessary knowledge, attitudes, and skills required are then identified. Students may be assigned to organise and participate in seminars and workshops. Field visits to slums and other high-density areas will impress the urgency of the population problem upon them.

Interviewing and counselling family planning clients and making the necessary referrals to hospitals and clinics will be reinforced by actual observation, through home visits for follow-up procedures, of the consequences of big family size and low income. Reasons for drop-outs may be discussed with physicians for advice on methods of contraception. Multi-problem families may require contraceptive advice if the children cannot be adequately provided for and the presenting problem is economic in nature.

Community surveys and group sessions for mothers and youth are effective modes of intervention. Students can learn counselling and rehabilitation in such field placements as homes for unwed mothers. Talking to market vendors and housewives can be a good training ground for communication and motivation for family planning. Accompanying clients who have had illicit induced abortions to hospitals for treatment will stress the dangers of such measures.

It is in the field work experience that the student will gain insight into personal values as well as those of the clients in the area of sexuality. Professional values and ethical conduct can be internalised.

THE GRADUATE (MSSW) CURRICULUM WITH INTEGRATED POPULATION/FAMILY PLANNING CONTENT

I. Educational Objectives

A. The graduate programme should concentrate on the specific preparation of graduate students for leadership roles in any of these fields: advanced practise, administration, social policy and planning, social legislation, education, and research.

B. The student must acquire a high degree of scholarship that will contribute to knowledge, social work, and family planning, in particular, especially in the field of social sciences as they apply to the reproductive and fertility behaviour in man.

II. Major Areas: There are seven major areas in the curriculum where population and family planning may be integrated.

A. Selected Readings from Socio-Behavioural Sciences

1. Course Objectives: To provide the student with substantive knowledge of the social science disciplines in order to broaden the knowledge base of psycho-social, political, anthropological, and economic implications of population and family planning; to deepen the understanding of how to apply the insights thus gained to social work practise for knowledge-building and theory testing. To broaden the student's perspectives of the dimensions of the human problem of population so that the ultimate goal of population and family planning is not lost – improvement in the quality of life and self-fulfillment.

2. Course Content: Social workers who will perform leadership roles need a strong knowledge base of the social sciences as the foundation upon which will rest the different levels of organised thought in family planning/population – social philosophy, policy, planning, administration, research, and education. Brief abstracts from selected readings in economic theory, sociology, anthropology, psychology, and political thought are included in this area as they relate to family planning. Of special interest is the overriding fact that the consequences of rapid population growth include not only the economic retardation of development and the adverse effects from lack of health and welfare services and educational facilities and malnutrition, but also the eventual dehumanising and destructive effects of environmental pollution that results from overpopulation.

B. Targets and Client Systems

1. Course Objectives: To be able to identify the targets in the general population which are the special concern of family planners, including the young people whose attitudes and values need to be developed to accept the small family norm; the adolescents who need to understand and direct their sexuality to socially acceptable behaviour, and married and unmarried adults who need advice on contraception. To reach other targets such as legislators, professionals, and leaders in the community who, through the use of mass media, social action, and legislation, are responsible for decision-making and implementing programmes for family planning.

The client systems composed of high-risk and hard-to-reach groups are those that require the problem-solving skills of the social worker.

C. Administration and Supervision

1. Course Objectives: The student should know and develop competence in organisational structure and behaviour, learn leadership skills, and know how to administer family planning programmes at local or national levels.
2. Course Content: The topics for discussion in this area revolve around policy formulation and planning of programmes; administrative roles and functions such as selection and training of the staff, funding and budgeting, coordinating with other welfare community programmes, and continuous evaluation and research. Of special concern to administrators of family planning organisations is the quality of supervision of services to ensure that high medical standards are strictly observed, that the ethical code of the professional staff guides their conduct, and that the client's rights are duly respected. The student should be able to prepare project proposals for family planning services.

D. Social Issues, Policy, and Planning

1. Course Objectives: To know how to analyse and evaluate policies, programmes, and practises related to population/family planning.
2. Course Content: This should include any national or international declarations and policies concerning population and family planning. In the Philippines, a predominantly Catholic country, a study in depth of the Papal Encyclical, *Humanae Vitae*, is imperative because the social worker herself has to be clear about her own views on certain issues in which the Catholic Church has firmly stated its position. The national policy must be also clearly understood by the agency staff and the client systems in order to establish and implement agency policies and procedures, especially with regard to eligibility for services and the client's choice of method of contraception.

A few years ago, the teaching of sex in the schools was a controversial issue and sex education had to be wrapped in a cloak of modesty and euphemistically labelled "family life education." At present, with the integration of family planning into the entire educational system, and also because of its pervasiveness in all media, sex has finally come out into the open, to be accepted for what it is, to be studied, analysed, understood, and, hopefully, used responsibly. Issues on abortion and sterilisation, as well as those related to use of incentives and disincentives, may be taught by a panel of experts composed of lawyers, doctors, social

workers, and priests and ministers.

E. Social Action and Legislation

1. Course Objectives: To develop competence in the student that will enable her to employ techniques and skills for effective communication to elicit strong community support for family planning programmes; to be able to convince others, through the presentation of properly documented and analysed facts and figures, of the deficiencies in existing family planning services and the need for expansion or establishment of new programmes; to work for new legislation or for the abolition or amendment of laws that are obsolete which have a direct or indirect bearing on population and family planning.
2. Course Content: Abortion, sterilisation, tax exemptions, maternity benefits, raising the age of marriage, divorce, legal separations, and inheritance by illegitimate children are all good topics for study, group reports, or discussion by a panel of experts.

F. Social Work and Education

1. Course Objectives: To help the student to understand the role of education as a strong regulator of sex behaviour. Beginning at the lower levels, the schools can help shape attitudes toward a small family norm. Young people may be oriented to family life education and develop values favouring responsible parenthood. Both the teacher and the learner must be concerned not only with the biological and physiological aspects of reproduction, but also with human values, ethical principles, concepts, attitudes, and behaviour, including sex role identity.

   To help the student acquire knowledge of basic theories from education, psychology, and other disciplines which social work educators can apply to the teaching of population and family planning. The student who needs preparation for teaching must apply the teaching-learning principles on motivation; the results of learning by doing; learning reinforced by feedback of one's performance; success experiences leading to the learner's repetition of similar experiences; reward and punishment and their effects on the learning process and enhanced learning efficiency when done under optimum duration and appropriately placed; theory integrated with practise minimises boredom and inattention. These principles are applicable in teaching-learning in family planning.

G. Social Research

1. Course Objectives: To enable the student to understand the value of research in family planning as the basis for policy and planning and for evaluating the demographic impact of the

programmes. While statistics are important in evaluation, the student has to be aware that human satisfactions and other values are difficult to quantify. Quality of service is not easily measured; it is not figured as the number of IUDs inserted or the number of condoms distributed. The student must be an intelligent consumer of research.

To enable the student to undertake research on population and family planning; to acquaint the student with current research being undertaken and to develop the student's capacity to formulate research projects that will deepen her knowledge of the disciplines involved in family planning programmes, such as the social sciences.

III. Other Related Activities Which Enrich the Curriculum Content

This report would not be complete without the presentation of the projects embarked on by the different schools. In my opinion, they are integral parts of curriculum development, for they provide the means for creative expansion and enrichment of the entire educational programme.

The special projects presented by the different schools, which were at the same time possible research thesis material, included, among others: a survey of social work manpower training in family planning and population dynamics; a survey of sex education among Filipino youth; a survey to obtain baseline data from business and industrial firms; a project to mobilise the media for national development through family life education, with emphasis on family planning; a "Model-Couple Advocator" research project in family planning in a community; a built-in study to evaluate the acceptance of family planning in the agro-industrial project; the psycho-social factors in family planning; the use and non-use of contraception and marital relationships and stability; the prospects of research to be undertaken in the "floating" placements; and experimentation with a "University Drop-in Centre."

A. Field Experience Opportunities: In examining the objectives and the methods of approach in carrying out the different projects under the IASSW-SSWAP agreement, the possibility of utilising such diverse settings as the University campus, communities chosen as project areas, business and industrial firms, etc., for the field experiences of students at undergraduate, graduate, and doctoral levels must be considered as expansion and enrichment of the curriculum. Such settings can also be used for the interpretation and contribution of social work within the university and outside communities, and in

other related professions and disciplines. They also bring out the developmental aspects of family planning/population in the total national goals.

FAMILY PLANNING WITHIN THE DEVELOPMENTAL CONTEXT

At this Seminar, we have been asked to view family planning within the context of development. The response to the recognition of the gravity of the population problem has been the promotion of family planning programmes. Formerly the concern of private individuals, family planning has now moved into the public domain with increasing conviction that it should be viewed as crucial to social development. There is the danger that social development may become more of a slogan among social workers than a real issue.

A basic question that we, as social workers, should ask ourselves is this: Can individuals be induced to alter their reproductive behaviour by an appeal that emphasises collective necessity for social development of the nation? As social workers, in motivating our clients we use persuasive appeals that stress private benefits such as family or individual welfare. This is understandable when we work with clients with problems; however, in working with "normal" sectors of the population, our approach should be a direct appeal – that family planning is necessary for national development. This kind of appeal can exert external pressures with a moral imperative. How to link private actions with the societal good is a moral socio-psychological problem of the greatest moment.

Gunnar Myrdal, in his famous work, *Asian Drama – Inquiry into the Poverty of Nations*, made the Statement that Asian nations are, as a rule, "soft states," where society makes little demand on the people, hence, the lack of social discipline.[1] It is time for us to ask ourselves if this statement is still as true today as when it was first made.

In his "Report to the Nation," President Marcos of the Philippines paraphrased the memorable metaphor by the historian, Arnold Toynbee, who compared human societies to climbers on a cliff.[2] Some have found poor niches in the rock and are content to rest where they are: static, petrified, unwilling to venture any higher. By contrast, the dynamic societies disdain the mean shelter of the rock face; they aspire to the heights and willingly risk the danger of a fall for the glory of reaching the summit.

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[1] Gunnar Myrdal, *Asian Drama – Inquiry into the Poverty of Nations* (London: Allen Lane, The Penguin Press, 1968), Volume II, p. 96.

[2] Arnold J. Toynbee, *A Study of History* (New York: Oxford University Press, 1947).

Field Learning and Teaching / The Iran Experience

ELAHE KASHANCHI

More than a decade before the Teheran School of Social Work launched an experimental programme in population and family life education, the School had recognised the common factor contributing to the poverty of communities in the South of Teheran: families with too many children. It became clear that for any welfare programme to be effective in these communities, something had to be done to reduce the size of these families. With the inception of the Family Planning Association in 1958, the foundation for a full-fledged family planning programme both in the field and the school was laid.

It was not until 1967 that the government incorporated family planning into its national policy. Accordingly, a comprehensive family planning programme was established with the goal of reducing the present estimated growth rate of 3.2 percent per year to 2.4 percent in the current Fifth Development Plan. After the government took responsibility for coordinating family planning activities on a national scale, the Family Planning Association felt it appropriate to redirect its efforts toward giving priority to the provision of education, motivation, and follow-up in the community.

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With the close cooperation and supervision of the School of Social Work and the unique and highly effective setting of another private organisation, the Community Welfare Centres of Iran, the Family Planning Association has had excellent opportunities to develop and implement its programmes.

The School of Social Work, by incorporating population and family life education in its curriculum, both on the graduate and undergraduate level, aims at familiarising the student with the seriousness of the population problem and its effects on the economy, the environment, and the health and welfare of the individual, the family, and society. By clarifying the various aspects of the family planning programme (organisation, policy, method), the role of the social worker as a member of an interdisciplinary team is defined. While in the classroom, the student becomes aware of the implications and dangers of overpopulation. When he does his fieldwork training at the community welfare centres, he is exposed to the specific disadvantages facing the family with too many children.

The community welfare centres have been established in the densely populated areas of Teheran and the provinces where the labour force is concentrated and the need is greatest. The overall objective of these centres is to provide a resource through which the families of the area can participate in cultural, educational, and social activities that will help to improve their standard of living. Some of the major activities of the centres include day care programmes for children, recreational, educational, and vocational programmes for youth, and handicrafts and literacy classes for the women in the community. In addition, the Family Planning Association runs a family planning unit in each of the 21 community welfare centres in Teheran and the provinces.

To obtain the maximum effectiveness from such services — whether they be family planning or day care programmes — it is of paramount importance to maintain close links between the services. An integral part of the student social worker's field experience is cooperation with and coordination of the various units of the community welfare centre.

As my particular concern here is the field teaching of students with respect to family planning activities, the remainder of this paper shall be devoted to this topic.

As mentioned earlier, students are simultaneously exposed to classroom instruction in population problems and field instruction in family planning programmes. Field instructors and agency supervisors also participate in seminars and lectures on population problems and family planning as part of their continuing education programme. Thus, their ability to introduce family planning education in a variety of social work activities is ensured, along with their cooperation with the programme and its aims.

Student field placements in family planning are in the following agencies and organisations:

1. Community welfare centres,
2. Maternity hospitals and mother-child health centres,
3. Elementary and secondary schools,
4. Semi-orphanages,
5. Factories and industries, and
6. Rural areas, such as the villages surrounding Teheran.

At this time, my focus will be on the community welfare centres.

THE FAMILY PLANNING PROGRAMME IN THE COMMUNITY WELFARE CENTRES

The family planning team that runs the family planning unit in each of the centres is composed of a doctor, a midwife, an assistant nurse, a motivator, and a student social worker. Other students are placed in the welfare centres and are required to spend at least one hour weekly in the family planning unit, with direct and indirect contacts with all mothers and young adults utilising the various services, but only one student actually participates as a member of the family planning team.

The goals of the family planning programme in the community welfare centres are:

1. Informing and familiarising the community with the family planning programme, and developing positive attitudes in addition to motivation and follow-up in order to promote more and better use of the family planning clinics.
2. Providing educational programmes that will effectively reach all the different groups in the community—such as adolescents, newly married couples, mothers, and fathers.
3. Revising and updating the programme in order to ensure its relevance. Such a programme should encompass:
   a. Research and study of the culture, norms, extent of knowledge and acceptance of the programme, and the living conditions of the families in the community.
   b. Research on the different methods of contraception.
   c. Reexamination and evaluation of the programme for the final submission of proposals.

In accordance with these goals, an example of a student programme in the family planning unit would be:

1. Preparation of a selected bibliography on population and family planning.
2. Research on a specific topic in a related area and a presentation of this work to the student group meeting.
3. Participation in the family planning unit meetings where the roles and functions of various team members are discussed.

4. Planning of group and community programmes in family planning with the aid of a field instructor.
5. Proposing and doing research studies on the social, cultural, or economic conditions of various members of the community such as adolescents, newly married couples, or families with too many children.
6. Participation in bi-weekly meetings of social workers, field instructors, and centre directors so that information may be gathered, experiences shared, and cooperation and coordination furthered among the centre's services.

The nature of the social work activities in the family planning unit requires the student to be familiar with the three social work approaches of casework, group work, and community organisation.

IMPLEMENTATION AND WORKABILITY OF THE PROGRAMME

Before describing the "how" aspects of our experiences in field teaching and student learning in the family planning programme, I should like to note again the newness of our experience. Although social workers had previously been assigned to family planning programmes in various agencies, problems of coordination reduced their effectiveness. The functions of social workers lacked clear definition, and the other family planning workers lacked familiarity with the role that social workers could play and the specific abilities they could bring to the task at hand. Therefore, our endeavours in the two years since we became a pilot school in the IASSW Project to Develop Qualified Manpower for Family Planning/Population Activities have focussed on the systematic integration of population and family planning education, both in the classroom curriculum and in fieldwork teaching.

Seminars and frequent meetings are now being held to familiarise the doctors and midwives with the roles the social worker can play in family planning programmes and to familiarise them with the social and cultural problems that effect the individual's attitudes toward and practises in family planning. The social worker is often already familiar with such attitudes and practises through casework and group work experiences.

In introducing family planning concepts into field teaching, the primary objective is the clarification of the social worker's role and function in family planning activities. Second, the role of the social worker in interaction with other members of the family planning team is clarified, and third, target groups – such as mothers, fathers, youths, newly married women, and pregnant mothers – are identified.

As an example of a family planning programme run by social work students, I will describe the programme for mothers. The mothers are

first divided into two groups:

1. Mothers who are already in the family planning programme. Here efforts are concentrated on education and providing information and reassurance rather than on changing attitudes.
2. Mothers who are drop-outs from the family planning programme or do not believe in family planning. They are first familiarised with the programme, provided with motivational information to help change their attitudes toward the programme, and finally given practical information. Through discussion and the sharing of experiences, they are familiarised with the problems that result from large families as well as with the side effects and problems of contraception.

The following points are covered in a four-week programme for mothers in the second group:

1. Discussion of religious attitudes toward social and health problems.
2. Population problems in Iran and factors affecting population growth, such as age of marriage and fertility rate.
3. Marriage and marital relationships.
4. Pre-natal care.
5. Post-partum maternal health.
6. Infant health care.
7. Effect of family size on the social and economic conditions of the family (food, housing, education, health).
8. Infant care and infant rearing.
9. Child behaviour and development, and parental responsibilities and discipline-related problems.
10. Adolescent behaviour.
11. Sex education.
12. Family planning.
13. Human reproduction.
14. Methods of contraception.

However, there are problems and shortcomings in the implementation of some of these programmes. Irregular attendance is probably the most recurrent problem, especially in the group programmes with the mothers. Some of the reasons cited for non-attendance are:

1. The inability to leave younger children at home without supervision.
2. The existence of problems with their children's health, rearing, and school age.
3. The opposition of their husbands to their attending meetings and/or watching films. This is largely due to their husbands' bias against family planning.
4. The influence of religious leaders in the community against par-

ticipation in the family planning programme or the use of contraception.

5. Lack of awareness of or knowledge of the family planning programme, goals, and activities.

Attendance problems in the group sessions for the fathers are of a different nature. On the whole, the men have a stronger bias than their wives against family planning. In addition, most have late work hours and are often too tired to attend family planning meetings.

Adolescent boys and girls are probably the most cooperative group in demonstrating their interest and eagerness. As they have fewer responsibilities and are younger and more educated, they are more flexible and open to new ideas.

In order to reach a wider community, social workers, with the aid of motivators, make contact with individuals and groups in the community. Community leaders—especially religious leaders who are influential—are advised of the family planning programme. Such leaders are also invited to the centres in order to acquaint them with the different services and to discuss the problems and needs of the community. School principals and teachers are also contacted by the social worker and made aware of the programme. To gain cooperation for the promotion of the programme in the community, the social workers participate in community organisations such as the village and city councils.

With respect to the activities and programmes that the social work student is involved in, he not only becomes aware of population problems and their effects, but through casework, group work, and community organisation, he actively participates in furthering the goals of the family planning programmes.

Research in Family Planning in Pakistan

AQUILA KIANI

BACKGROUND

Although a nationwide government programme of family planning was started on a massive scale in 1965, research activities in the field of family planning had been initiated much earlier. The Pakistan Family Planning Association had already conducted several surveys and studies on knowledge, attitudes, and practise, as well as on clinical and non-clinical aspects of family planning. Similarly, the Universities of Punjab and the Academies for Rural Development had carried out such studies since the early 1960s. The first National Conference on Planned Parenthood was held in Lahore in 1958, and a Seminar on Population Growth and Development Economics, where research papers covering different areas of family planning were read, was held at Karachi in 1959.

A week-long Workshop on Family Planning was organised by the Academy for Rural Development, Peshawar, in 1961 under the direct supervision of the author of this paper.[1] At this Workshop, for the first

[1] *"Tadbeer o Tameer,"* Proceedings of the Workshop on Family Planning, May 8—14, 1961 (Peshawar: West Pakistan Academy for Rural Development, 1961). In Urdu.

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time issues were discussed with a view toward recommending ways of strengthening the programme through a coordinated approach by medical and para-medical personnel and other programme implementors, including Rural Community Development Workers and Supervisors. The need for research was given high priority in the deliberations of the Workshop.

In the Second Five-Year Plan (1960-1965), a National Family Planning Directorate was instituted and Family Planning Boards were set up in the provinces.[2] At the same time, five Training-cum-Research Institutes (TcRI) were set up at Dacca, Rajshahi, Chittagong, Lahore, and Hyderabad. In 1962, the National Research Institute of Family Planning (NRIFP) was set up at Karachi to conduct research on approaches and methods to be employed in the family planning programme. Foreign assistance for family planning activities in Pakistan was also instituted in the Second Plan period. The Population Council, in co-operation with the University of California School of Public Health, started a pilot project in health education at Dacca and, with the John Hopkins University School of Hygiene and Public Health, began a medical-social research project (MESOREP) in Lahore. The Swedish International Development Authority, through the Sweden-Pakistan Family Welfare Project, assisted in training personnel and establishing model clinics at the five Training-cum-Research Institutes. Additional family planning studies were carried out at the NRIFP and the Pakistan Academy for Rural Development, Comilla, with assistance from the Population Council and the Ford Foundation. The Pakistan Institute of Development Economics, in collaboration with the then Central Statistical Office at Karachi, started a comprehensive project on Population Growth Estimates (PGE).

At the first bi-annual Seminar on Research organised by the NRIFP in 1964, it was recommended that a liaison be maintained between the different research groups in the country so that their research activities could be coordinated, and that a Research Clearing Cell could be formulated. The NRIFP assumed this role. To further strengthen its role and to avoid duplication, the Institute compiled an Inventory of Family Planning Research Projects, both ongoing and already completed. The first Inventory was published in March, 1965, and contained a record of 122 research projects.[3] In October, 1968, it was decided to cover the increasing research activities and findings in order to update the first Inventory. The second Inventory came out in June,

[2] Second Five Year Plan 1960-1965, Planning Commission, Government of Pakistan.

[3] "Inventory of Family Planning Research in Pakistan" (Karachi: National Research Institute of Family Planning, 1966), mimeographed.

1969, and covered 237 family planning research projects initiated by different organisations, out of which 119 had been completed by that date.[4] The list of organisations includes the family planning units of the government, such as the NRIFP, Central Evaluation Unit, and West Pakistan Research Evaluation Centre; other government agencies such as the Central Statistical Office, Planning Commission, and Bureau of Census; Jinnah Post-Graduate Medical Centre; Pakistan Academies for Rural Development; Universities of Karachi,[5] Punjab, and Dacca; Pakistan-Sweden Family Welfare Project; and the Pakistan Family Planning Association, as well as other voluntary groups and consulting agencies. Areas of research included broad fields, i.e., demography, socio-economics, medical contraceptive techniques (conventional, IUD, hormonal, and sterilisation), KAP Studies, general evaluation, administration, organisation, communication, and other non-classified fields.

Some of the important researches that were carried out are noted below:

1. In 1969, the Medical-Social Research Project (MESOREP) at Lahore was established through the joint efforts of the Government of Pakistan, the University of Punjab, the Population Council, and the Johns Hopkins University. During the early period, this programme was mostly experimental and concentrated on Lulliani, a town with an approximate population of 13,000, about 13 miles from Lahore. In 1966, the scope of research and training activities of the project expanded and the name was changed to West Pakistan Research and Evaluation Centre (WEPREC). This institution has five sections – medical, research, demography, training, and reference. It has contributed significantly to many aspects of the Family Planning Research and Evaluation Programme in West Pakistan. In the Fourth Five-Year Plan (1970-1975), its name changed again to Training, Research, and Evaluation Centre (TREC).[6]
2. The National Impact Survey in 1968 was conducted by the Pakistan Family Planning Council through its provincial directorates, with the cooperation of other family planning research and foreign advisory groups. The main objectives of the survey were to measure changes in the fertility of the population; to determine the levels of knowledge, the attitudes, and the practises of family planning among females throughout

[4] *Inventory of Family Planning Research in Pakistan* (Karachi: National Research Institute of Family Planning, 1969).

[5] These studies included theses from the Departments of Social Work, Sociology, and Statistics, University of Karachi.

[6] Fourth Five-Year Plan 1970-1975, Planning Commission, Government of Pakistan.

Pakistan; to assess the impact of the government's family planning programme on the use of contraceptive methods; and to provide baseline data on demographic, socio-economic, and family planning variables against which subsequent changes in surveys could be measured. The survey was carried out by the interview method in 5,000 households randomly selected to be representative of the population of Pakistan. A two-volume report on this survey has been published.[7]

3. A project on Population Growth Estimates (PGE) was launched in Pakistan in the latter part of 1961 by the Pakistan Institute of Development Economics (PIDE) and the Central Statistical Office (CSO). This project obtained information on problems closely related to the future development of the economy, and the data collected, through the use of sample surveys, on births, deaths, and population in both East and West Pakistan were used to calculate the birth rate, death rate, and rate of natural increase for the post-censal periods. The data were collected from 1962-1965, and two reports were published.[8]

Among research studies, knowledge, attitudes, and practise (KAP) surveys played a significant role both in former East Pakistan and West Pakistan, as the object of these studies was to establish baseline data concerning the level of knowledge about family planning, the attitude of the masses toward family planning programmes, and activities and practises in family planning among the general population. A second round of such studies was also conducted, and some of the results of these studies were quite valuable inasmuch as they revealed attitudes favourable to family planning in general. The overall effect of the family planning programme on the birth rate however, remained rather negligible.

SOCIAL WELFARE ASPECTS OF FAMILY PLANNING: THE PROJECT

At an International Conference on Social Work in Washington, D.C., in 1966, the author of this paper met the Chief of the International Programme of Welfare Administration (a constituent of the U.S. Department of Health, Education, and Welfare), which was responsible for administering international research programmes in

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7. "National Impact Survey 1968. Survey Design and Development," Publication No. 1, and "National Impact Survey, 1968, Selected Documents on Planning and Development," Publication No. 2 (Karachi: Pakistan Family Planning Council, 1968).

8. "Report of the Population Growth Estimation Experiment: Description and Some Results for 1962-1963" (Karachi: Pakistan Institute of Development Economics, December, 1968), and "Final Report of the Population Growth Estimation Experiment 1962-1965" (Dacca: Pakistan Institute of Development Economics, July, 1971).

the field of social welfare and rehabilitation services. The possibility of launching a research project by the Department of Social Work, University of Karachi, was discussed at this meeting. As much of the acceptance of the family planning programme depends upon the efficiency of the field workers, it was thought that a better and more effective way of motivating and educating the target population would be through a team of qualified social workers. The need for a research project was keenly felt for two reasons:

1. In 1965, when the government programme was introduced on a large scale, many family planning officials, executive-cum-publicity officers, counsellers, and paramedical personnel were given a short-term orientation under a crash training programme. This was hardly sufficient to make them effective motivators and it was therefore necessary to diffuse knowledge of motivational techniques through action research involving field workers.
2. It was felt that the aims of family planning programmes could be achieved much more effectively by involving trained social workers. For this, it was necessary to equip the social workers in training with the necessary skills for carrying out their duties more efficiently when a focus on motivation for family planning was desired.

The Research Design

Accordingly, a research proposal was prepared by the Department of Social Work, University of Karachi, in 1967 and sent to the International Programme of Welfare Administration, SRS, for approval. The Welfare Administration was convinced of the importance and utility of such a project and agreed in principle to finance it. The proposal got its clearance from the government and the contract with Washington was signed in 1971, and partial funds were released in March, 1972. The project was then fully launched. The exact title of the research project as approved is: "The Effectiveness of the Social Welfare Approach to the Clients for the Adoption of Family Planning: An Adoption Research Project in Selected Areas of West Pakistan."

The need and importance of a motivational campaign to create and sustain a massive demand for contraception assistance and knowledge was well realised from field experience gained during the Third Five-Year Plan (1965-1970).[9] Therefore, about the time when the clearance for the project came, the Fourth Five-Year Plan (1970-

[9] Family Planning Scheme for Pakistan During the Third Five-Year Plan 1965-1970, Ministry of Health, Labour, and Social Welfare, Government of Pakistan, Rawalpindi.

1975) had been formulated, and it stressed the role of better motivational techniques, counselling, and follow-up, for which more trained and competent staff at the field level was required.[10] The research project was, therefore, in consonance with the aims and objectives that were set for future efforts in the field of family planning and was also a pioneer effort in research with an action-oriented design.

The objectives of the project are to:

1. Survey selected areas with urban, semi-urban, and rural characteristics to determine the cultural characteristics and the fertility behaviour of the married women.
2. Determine the family planning practises adopted by couples of different parities in the selected areas.
3. Determine the channels of communication used for the dissemination of knowledge about and practise of family planning.
4. Observe the educational and motivational approach presently followed in the areas under study.
5. Determine the factors that hinder or retard the motivational campaign of the programme and its consequences upon the diffusion of family planning.
6. Focus on determining the extent to which the social work approach could contribute to a successful educational and motivational campaign by the family planning workers.

In order to achieve these objectives, the study will be conducted in three phases in selected areas and will extend over a period of three years. The study sample will include three types of areas:

1. Villages in the interior that have very little urban influence.
2. Villages that adjoin cities and have semi-urban characteristics.
3. An area/areas in metropolitan Karachi having a population with different sub-culture characteristics, but which is mainly employed in industrial occupations.

The selected areas have been under the jurisdiction of one Family Planning Officer and are served by a Family Planning Clinic. The areas are compact localities with a population of at least 3000 to 4000 persons. It was presumed that the population of women of reproductive age would include at least 20 percent of the population of the locality. Thus, a sample of 800 fertile couples was obtained from each area by random selection from a list of all fertile couples, giving a total of 3200 eligible couples who have been interviewed. In the original proposal, one urban, one semi-urban, and one rural area were chosen as samples for the study, but after the survey of the urban areas, a

[10] Proposals of the Family Planning Division for Family Planning Sector During the Fourth Five-Year Plan, Family Planning Division, Government of Pakistan, Islamabad.

second urban area was added on the grounds that urban patterns are very complex and a fair sample should include a cross-section of both literates and illiterates, couples from higher and lower socio-economic groups, and, as far as possible, ethnic variations. Unlike our first urban sample, which was located at a distance from the city, the second area was situated in the heart of the city. The population of the first area was comprised of lower-income groups with a low literacy level, particularly among the women, and with the majority of people engaged in unskilled occupations; in contrast, the population of the second urban area was comprised of middle and upper middle income groups with a high literacy level and with the people engaged in administrative, managerial, and clerical jobs and the wholesale trade. The four sample areas are as follows:

1. Sample Area No. I (urban): A new housing project for migrants located about 15 miles from Karachi's main city centre.
2. Sample Area No. II (urban): This area is situated in the heart of the city. Some parts of the area were developed long before Independence (1947) and the rest just after partition. There are also some pockets of original inhabitants.
3. Sample Area No. III(semi-urban): This area is situated at the fringe of the metropolitan area (at a distance of 17 miles). People here are engaged in mixed pursuits in agricultural and industrial labour.
4. Sample Area No. IV (rural): This area is about 31 miles from Karachi. As the villages in this area are very small, 19 villages were selected. These are scattered over an area of five miles on both sides of the main road and are served by a rural family planning clinic. The population in each village varies from 15 households to 150 households.

Each sample area was further divided into a control and an experimental area. Each experimental area was divided into three units, each of which would experiment with one of three different methods of social work (casework, group work, and community organisation) in order to determine the effectiveness of each in motivation for family planning. Each experimental unit was separated by enough distance to avoid any contamination of one method by an other.

Method of Data Collection

The interview technique was used in the study and a questionnaire was used for investigation. The questionnaire consisted of three parts:

Part I

This was comprised of household lists, including household parti-

culars such as the type of construction and number of rooms in the house; language spoken in the household; names of the regular members of the household and their relationship to the head; and sex, ages, marital status, levels of education, and occupations of the earning members. Questions were also included to elicit information on other aspects of marriage practises: (1) whether it was a marriage between cousins, distant cousins, or *Beradari* (kin) or marriage outside one's *Beradari;* (2) whether the spouses were from the neighbourhood or outside the neighbourhood; (3) whether they were from the same or different village or town; and (4) whether the marriage was arranged independently or pre-arranged through parents, other relatives, family friendship, or through any other source. This information was regarded as useful inasmuch as it would throw light on the fertility pattern in marriage within and outside of one's *Beradari.*

Part II

This included questions relating to the fertility pattern of an eligible wife. An eligible wife was defined as a married woman between the ages of 15 – 45 years, normally living with her husband. Information was collected about the wife's present age, her age at marriage, years married to her present husband, total number of pregnancies by her present husband by type (living birth, son still living, daughter still living, child has since died, miscarriage, abortion, still-born, multiple births all living, multiple births all dead, pregnant at the time of survey, etc.), number of children by previous marriages, ideal number of children by sex, knowledge and approval of family planning, method of family planning known, methods liked best, source and duration of knowledge of family planning, method practised, keenness as to practise, reasons for practising (or not practising) family planning, whether earlier family planning methods were changed, and reasons for change.

Other questions included were on sociometric implications as to who influences whom; location of pressure groups, reasons for acceptance and non-acceptance of family planning, and, lastly, family income.

Part III

This part deals with the fertility pattern of the husband. The questions here were more or less similar to those asked in Part II.

In all the four sample areas, a listing was prepared of all households. The names of eligible couples were underlined in the household list, and the required number of eligible couples were randomly chosen. The selected couples were interviewed separately by male and female investigators. In some cases, the information was collected on the first

visit, but in most cases repeated visits were made to elicit the required information from the husbands, who were not always available at their homes due to their job demands.

Quality Control

In the social sciences it is difficult to obtain accurate information about human interaction and human motivation. An attempt was made, however, to obtain the maximum reliable data by adopting some controls:

1. All investigators and motivators employed for this project were M.A.s in Social Sciences (social work, sociology, and psychology), and well-versed in the techniques of interviewing and establishing rapport so that they might be able to win the confidence of the respondents.
2. Investigators received an orientation in interview techniques through role-playing, model lectures, and other methods.
3. Investigators attended one-week orientation courses at the National Research Institute of Family Planning in order to gain the fullest possible knowledge of family planning methods and practises before beginning the interviews. A second training course was given before starting motivation.
4. An opportunity was provided for investigators to visit family planning clinics, post-partum clinics, and the Jinnah Post-Graduate Medical Centre in Karachi and to meet and discuss problems and issues with the officials and workers of the District Family Planning Boards in different sectors.
5. Investigators were first sent to the field for pre-testing the questionnaire.
6. Detailed instructions were provided for filling out the questionnaires.
7. The questionnaires and instructions were translated into Urdu and Sindhi.
8. Errors were corrected regularly through a systematic checking of filled-in questionnaires. A second visit was made, if necessary.
9. In doubtful and odd cases, investigators were directed to re-interview the respondents and to verify their answers.
10. It was obligatory for interviewers to report to the Social Research Centre once a week and to discuss their difficulties and receive further instructions, if necessary.
11. Periodic checks in the field were made by the Senior Research Associate.

Time Schedule

Phase I

The first phase of the study, i.e., the collection of data from the field, has been completed, the data of all the four areas have been tabulated, and charts and diagrams have been prepared as illustrative material.

Table I (p.106) includes some sample data gathered in the study on socio-cultural patterns of fertility. It indicates that the main reason for adopting family planning practises is the economic need (poverty) in the first three sample areas, but among the lower income groups, the need could not be spelled out in clear terms. Other variables such as income, age at marriage, duration of marriage, and number of children also play a vital role in determining the attitudes and behaviour toward family planning. The qualitative data and field reports of investigators revealed that inertia is the predominant reason for lack of family planning practises among the rural population. In a message to a recent International Conference on "Population Planning for National Welfare and Development," Mr. Zulfikar Ali Bhutto, Pakistan's Prime Minister, has rightly diagnosed the basic reason when he declared that "Illiteracy and inertia have been the chief obstacles so far. No doubt, the challenge is a big one; nevertheless, we can meet it through persistant efforts and hard work."

A full report of this phase is now under preparation.

Phase II

The second phase of the study, which is a one-year motivational phase, is now in progress. All the four sample areas have been divided into two broad categories—control and experimental sectors. The experimental sectors of each sample have again been divided into three units. Thus, there are 12 experimental units; three in each sample area. The reason for sub-dividing each experimental sector into sub-sectors was for the purpose of trying three methods of social work (casework, group work, and community organisation) in each unit separately. For control areas, two sectors were selected in each area which included all characteristics similar to the experimental units in the area.

During the second phase, a Workshop on Motivational Techniques for Family Planning is proposed to be held. The main objective of this Workshop is to review problems and difficulties faced in Phase I and to discuss ways and means to overcome socio-cultural resistances through a continuous motivation system for a period of 12 months in the experimental areas. This opportunity will also be utilised for preparing a manual for motivators which will serve as a guideline and provide them with reference materials on techniques and principles of moti-

Table I.

SOME HIGHLIGHTS OF FERTILITY PATTERNS

	Urban 1 Area	Urban 2 Area	Semi-Urban Area	Rural Area
1. Number of eligible couples interviewed	809	817	822	786
2. Mean size of household	6.8	7.4	5.6	4.6
3. Mean size of family (husband, wife, and living children)	5.6	5.7	4.9	4.3
4. Mean monthly income (in Rs.)	225.4	581.1	273.3	186.9
5. Literacy percentage				
Husbands	66.9%	96.3%	42.6%	22.7%
Wives	36.8%	88.4%	12.4%	2.2%
6. Mean age at marriage (in years)				
Husbands	23.9	25.9	25.7	27.2
Wives	16.2	18.7	16.8	19.4
7. Mean Present Age (in years)				
Husbands	36.7	37.9	34.7	38.4
Wives	30.7	29.7	28.7	29.8
8. Percent with knowledge of family planning				
Husbands	30.9%	89.2%	25.1%	4.8%
Wives	36.3%	70.6%	32.1%	7.3%
9. Method of family planning known				
Husbands	Condom	Condom	Condom	Condom
Wives	IUD	Oral pills	Oral pills	Oral pills
10. Percent approval of family planning				
Husbands	19.6%	74.7%	14.3%	–
Wives	21.2%	61.4%	26.1%	–
11. Percent who practise family planning				
Husbands	9 6%	35.8%	1.6%	–
Wives	7.2%	31.7%	2.4%	–
12. Method of Family Planning Used				
Husbands	Condom	Condom	Condom	Condom
Wives	Condom	Condom	Oral pills	–
13. Mean no. of children at the start of family planning	3.1	2.8	2.8	–
14. Main motivating factor for adoption of family planning				
Husbands	Econ. need	Econ. need	Econ. need	–
Wives	same	same	same	–

vation as well as to help them identify and use local leaders, volunteers, and other necessary resources for motivational purposes.

Phase III

After completion of the motivation phase in all the experimental units of the four areas, a second survey will be carried out to measure the change in the attitude of the population and to determine which of the three social work methods made a greater impact on the acceptance and adoption of family planning practises.

We hope that our study will make a humble contribution in chalking out a meaningful strategy for the training of personnel that will best serve the goals of family planning in Pakistan.

Continuing Education and Training / Non-Social Work Personnel in Family Planning

S. E. FRANCIS

At this Seminar we have explored the common concerns which we share even though we come from different countries and different cultures, and we have all been greatly enriched in the process. In much the same way, those of us who are involved in family planning in our own countries know only too well that this is not a subject that can be viewed in isolation or approached unilaterally. Family planning is only one piece of the jigsaw puzzle which comprises the social milieu of the society. Perhaps one should more properly say that it is one ingredient in the stew, one which must combine with, and be related to, all the other ingredients. In addition, family planning itself – as has been stated at this Seminar – is a multi-dimensional, multi-faceted, and multi-professional subject.[1]

In this paper, I wish to share the approaches and methods by which we in the social welfare section of the University of the West Indies are endeavouring to effect a multi-disciplinary and multi-level approach to training for family planning in Jamaica.

[1] Soledad A. Florendo, "A Guide for Integration of Population/Family Planning Content in the Social Work Curriculum at Undergraduate and Graduate Levels," *Supra*, see pp.72-89.

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Many Departments of the University are directly involved in the national family planning programme – the Department of Medicine, through research, teaching, and services; the Department of Sociology, through research (particularly demographic research and the professional training of social workers); the Department of and the professional training of social workers); the Department of Social and Preventive Medicine, which has an important Family Planning and Epidemiology Unit with specific responsibilities in research and training (particularly in the medical field) that are defined by the National Family Planning Board, the Trade Union Education Institute, linked to the Extra-Mural Department, with an important new programme of Workers' Education in Family Life which includes family planning; and the Social Welfare section of the Extra-Mural Department, with a project for training persons in the broad social welfare field for greater involvement in family planning. All this work is, in some measure, inter-related.

I am going to deal specifically with the work being done in family planning by the Extra-Mural Department because this is the University department charged with specific responsibilities in the field of continuing education. I must emphasise, however, that the most important feature of our work in family planning, as indeed in other areas, is the fact that it is interdisciplinary in nature and is the result of collaborative effort of the various University departments and governmental and voluntary agencies within the community. The Project for the Training of Social Welfare Personnel in Family Planning is implemented through this Department and is based at the Social Welfare Training Centre. This is a residential centre operated on the campus of the University by the Extra-Mural Department specifically for short-term training in social welfare and allied subjects.

The fact that the Centre is shared by groups of people from a variety of different, though related, fields greatly enhances its value. For example, a few weeks ago we had set up in a room at the Centre the exhibit on family planning training which we brought to this Seminar. A group of Trade Unionists who were attending a course at that time came into the room during their coffee break. They examined and commented on the exhibit, took up some of our questionnaires which are used in training, filled them out individually, and later returned of their own volition to discuss the questionnaires with Miss Jean Tulloch-Reid, Coordinator for the IASSW Project at the University of the West Indies. They went on to request that some training on this subject be included in their regular courses. A small point perhaps, but, we think, an important one.

THE SOCIAL BACKGROUND

Margaret Mead commented some time ago that the main purpose

of schooling and further education was to teach people how to approach and absorb the phenomenon of change. Julia Henderson, in her brilliant address at The Hague, described social change as "the most pervasive fact of modern life."[2] And social welfare in Jamaica, as elsewhere, is being considerably influenced and reshaped by the changing milieu in which we work.

In developing countries with a recent colonial past, the situation is compounded. Not only must we, like all other countries, face and strive to influence the results of rapid change generated by unprecedented scientific and technological advances, but, in addition, we are all inexorably caught up in the newly independent society's struggle to redefine its values in its own terms and to reshape itself in its own image. For social workers, as for others, this involves more than merely devising and implementing new programmes and approaches to meet indentifiable needs. It entails a more fundamental and often agonising questioning of established (and sometimes cherished) concepts and principles which have been adopted from other countries and other times, a reinterpretation of fundamental truths, and a search for new perspectives more relevant to the needs and aspirations of the society today. These facts colour all our efforts, especially in such areas as family planning, which is concerned with some of the deepest and most fundamental aspects of life and of which the human and social implications for our society are as yet largely unexplored.

THE BOUNDARIES OF SOCIAL WELFARE

In Jamaica, the boundaries of social welfare have always been wide and diffuse, and the individual concern of social welfare workers in issues beyond their immediate tasks has been unquestioned. This is in part due to the historical importance and influence of voluntary organisations and perhaps also to the importance placed on community development and to the fact that no dichotomy was ever created between social work and community development. On the other hand, in recent years there has been a growing involvement of other professions and disciplines in the implementation of social welfare programmes and a slow but increasing recognition of the social welfare component in professions such as medicine, law, education, etc.

In harnessing the meagre resources of the society in order to cope with the myriad social problems, new cadres of para-professional workers are being established in many fields, and the volunteer

[2] Julia Henderson, "Guiding Social Change," *New Themes in Social Work Education: Proceedings of the XVI International Congress of Schools of Social Work* (New York: International Association of Schools of Social Work, 1972).

movement has acquired new dimensions. There is a tremendous sense of urgency, and new techniques of training are being devised to speed up results and to get programmes off the ground quickly. Most of these have yet to be evaluated.

The Extra-Mural Department of the University of West Indies has, from its inception, been involved in in-service training and in continuing education at a variety of levels in the social welfare field (including the training of volunteers). As a matter of principle, most of the social welfare training undertaken in this department is done in collaboration with other departments and agencies, and sometimes with international agencies. The Department is fully committed to practising and promoting a multi-disciplinary approach to training and to social action programmes.

SOCIAL WELFARE AND FAMILY PLANNING

It is within this context that the University has embarked with the IASSW on the new project for the training of social welfare personnel (in its broadest sense) in family planning.

Social workers and social welfare agencies were among the early pioneers of family planning in Jamaica. For many years, they were in the forefront of those who pressed for the government establishment of a national family planning programme. When such a programme was finally established in the mid-1960s, it was placed under the direction of a statutory board – the National Family Planning Board attached to the Ministry of Health. As in many other countries, the immediate preoccupation was the establishment of clinical services. The declared objective was population control through a reduction in the birthrate based on voluntary participation in the programme.

A limited number of field workers, known as Family Planning Educators, were appointed by the Board, but the programme could fairly be described as a "clinic-oriented" one. As a result, social workers who had little or no training in family planning and who were preoccupied with many substantive duties tended, with few exceptions to be involved only on the periphery of the programme.

Recently, there was a change of government in Jamaica, but the new government is equally committed to family planning. It has been officially stated that the government was launching a new thrust with greater emphasis on social welfare objectives and approaches, and with the avowed intention of securing greater involvement of education and social welfare agencies in the programme "in the light of the disappointment of erroneously assuming that mere access to contraceptives and education would automatically result in immediate lowering of the birthrate." Some action has already been taken in this regard, and the University's programme is viewed as supportive of the national effort.

THE EXTRA-MURAL DEPARTMENT AND FAMILY PLANNING

For many years, the Extra-Mural Department of the University of the West Indies has participated in programmes of family planning education at varying levels, although much of this work has been on an ad hoc basis to meet the needs and concerns of the moment.

In 1965, the Child Welfare Association, a voluntary agency with a long involvement in family planning, was concerned with exploring the utilisation of persons at the grass-roots level who could promote family planning. The Extra-Mural Department and the Bureau of Health Education joined the Association in carrying out a small project in this area. A group of rural grass-roots volunteers (a peasant farmer, truckdriver, itinerant trader, housewife, etc.) were given two weeks of training at the Social Welfare Training Centre in family planning philosophy and methods and in elementary techniques of communication. After six months of volunteer work in their own villages, they were brought together again to evaluate their experiences. At this session, 28 of the questions which they had been asked by their clients were tabulated and, along with suggested answers, were compiled in a booklet, "Some Common Questions About Family Planning in Jamaica." This booklet now forms a part of the training material currently in use. Incidentally, one of the male participants in the group (a peasant farmer) coined a slogan which I think is rather apt: "Family planning, the best way to have your children."

In November, 1970, the Extra-Mural Department initiated a two-day conference at the Social Welfare Training Centre on the theme, "Family Planning in Social Welfare"; this was inspired partly by the IASSW Hawaiian Conference and partly by the obvious need for greater involvement of social welfare in family planning in Jamaica. The purpose was to explore the role of social welfare in family planning in Jamaica and to examine the national family planning programme in the light of the social welfare goals of preserving the dignity and freedom of the individual and promoting the health and welfare of the individual and the family. The conference was under the joint sponsorship of the Extra-Mural Department, the National Family Planning Board, the Jamaica Family Planning Association, and the Jamaica Association of Social Workers, with assistance from the USAID. It was attended by some 200 representatives of government and voluntary social welfare agencies, the Church, political parties, trade unions, citizens' organisations, etc.

Dr. Alan Guttmacher, President of Planned Parenthood/World Population, attended that Conference and provided technical guidance and information as to world thinking and new developments in the field. Participants at the Conference were also given up-to-date

information on the national family planning programme in Jamaica, as the Jamaica Association of Social Workers presented a study (which they had made for the Conference) on the degree of participation of social welfare agencies in the programme. Through study groups, conference participants examined issues related to the family planning programme and prepared guidelines for the inclusion of family planning in the various social welfare programmes such as adult work, youth work, family and child welfare agencies, the Church, community development, and in social policy and planning.

The background material of the Conference included a policy statement by various religious denominations on their attitudes toward family planning. The recommendations of the Conference were widely circulated and now provide some of the basic guidelines for our present programme.

To help meet an expressed need for simple teaching material in family life education in the Caribbean region, in 1972 the Extra-Mural Department, World Education, Inc., and the Social Development Commission in Jamaica co-sponsored a two-week regional workshop on "The Preparation of Teaching Materials on Family Life Education for Low-Level Readers." The Workshop, which was held at the Social Welfare Training Centre, was especially timed to run concurrently with another workshop on the preparation of teaching materials on family life education for use in schools. Where appropriate, joint sessions of these two groups were held.

The Workshop was designed to develop skills in the preparation of material for low-level adult readers, as well as in pre-testing and evaluating these materials. It also produced prototype material which could be used in family life education programmes. Family planning was, of course, an important component of the programme.

Participants in the workshop, who were from seven Caribbean countries, were drawn from a variety of areas, including youth work, community development, family planning health education, agricultural extension, public information, the Church, etc.

The results of the 1970 Hawaii Conference and of subsequent activities and discussions organised under various auspices clearly indicated a number of areas related to training which needed attention. These included:

1. The need for the greater exploration of, and emphasis on, the social welfare and socio-cultural aspects of family planning in Jamaica.
2. The need to develop and promote the broad concept of family planning as an important and integral component of social welfare programmes, even apart from the important considerations of population control.

3. The need and desire of social welfare personnel at all levels (including volunteers) and persons in related fields for ongoing systemmatic training in family planning.
4. Coupled with (3) above, the need for indigenous training material that reflects the social welfare approach to family planning.
5. The need for an input of the social welfare component in family planning in the training of other professions, and interdisciplinary training wherever possible.
6. The need for some machinery through which social welfare personnel in the field could pool their resources, share their experiences, and maintain two-way communication with the National Family Planning Board.

The opportunity to pursue many of these concerns was provided when the University became a pilot school in the IASSW Project to prepare professional and voluntary social welfare and community development personnel for wider participation in family planning and population policies, programmes, and services.

THE FAMILY PLANNING/SOCIAL WELFARE EDUCATION PROJECT

In order to meet the needs of Jamaica, it was considered important that the IASSW Project at this school should have, as it were, two prongs:

> Firstly, the expansion of training in family planning in the professional social work courses in the University—i.e., the Two-Year Certificate Course in Social Work, and the Bachelor's Degree in Social Work. Secondly, that a flexible and broadly based programme of continuing education and inservice training at a variety of levels should be pursued.

It was also considered important that the programme should be pursued on an interdisciplinary basis, including any University departments and family planning and social welfare agencies which might be concerned.

The project is supported by a co-ordinating committee comprised of representatives of the Extra-Mural Department, the Department of Sociology, and the Department of Social and Preventive Medicine of the University; the National Family Planning Board; the Jamaica Family Planning Association; the Child Care and Protection Division of the Ministry of Youth and Community Development; the Probation Department; the Social Development Commission and the Sugar Industry Labour Welfare Board; the Jamaica Council of Churches;

the Roman Catholic Church; and the Council of Voluntary Social Services. A full-time staff member who has had experience and training in social work, health education, and family planning has been appointed to the programme.

Close collaboration is maintained with the Family Planning and Epidemiology Units, with the two units sharing professional expertise, undertaking joint planning, and maintaining a common library.

The programme, which began in May, 1973, has initially been responsive to the expressed needs of field personnel. It has included:

1. Planning of curricula for training at various levels.
2. Preparing teaching materials that reflect the social welfare approach to family planning.
3. Conducting on request short-term courses and seminars for social welfare departments and agencies and related groups including: the Probation Department, the Child Care and Protection Division, staff of youth community training centres, family planning nurses, medical students, and church women's organisations.

Plans for 1974 include the following projects:

1. Developing a number of training units on family planning which will be offered to social welfare agencies and groups, with a certificate being awarded on completion of the series.
2. Arranging multi-disciplinary, problem-centred seminars involving various University departments.
3. Conducting training in family planning within the context of family life education in the Extra-Mural Department's four-month regional Social Welfare Training Course, and other Extra-Mural courses.
4. Providing training for social welfare personnel as required.
5. Establishing a clearing house of indigenous teaching materials.
6. Undertaking a research project to explore the effectiveness of a co-ordinated social welfare approach in the influencing of attitudes and values in relation to family size and the practise of family planning. The project will include both a rural and an urban section.

Methodology

An important concern of the project is the improvement of educational techniques, especially the methodology used in short-term training. The current approaches have been influenced by the andragogical theories of Malcolm Knowles[3] and the laboratory techniques of the National Training Laboratories.

[3] Malcolm Knowles, *The Modern Practice of Adult Education: Andragogy Versus Pedagogy* (New York: Association Press, 1970).

Human relations is considered to be an important component of all training. It is recognised that programmes are often severely handicapped by a lack of team spirit and by misunderstandings, and by a lack of clarity as to roles and responsibilities. The Family Planning and Epidemiology Units have developed some expertise in this area, and have, *inter alia*, been conducting a series of team-building workshops for family planning health staff in the field. These training programmes have placed emphasis on discussion and work with groups.

Related Projects

Collaboration and a policy of mutual assistance will be maintained with related projects, such as:

1. The Regional Child Development and Training Centre, which is now being established on the University campus. This is also an inter-faculty project, and it includes parent education.
2. The Workers' Population Education Project of the Trade Union Education Institute of the University. This is a joint effort of the Trade Union Education Institute, ILO, and the three major rival trade unions in Jamaica who have agreed to collaborate on this project. It will provide a broadly based workers' education programme in a range of subjects of interest to the worker and his family, including population and family planning. It is anticipated that there will also be a pooling of resources in this project, and mutual assistance in matters of training.

Participation of staff at the policymaking and planning levels in related programmes is considered an important aspect of the work of the project. For example, the Staff Tutor in Social Work (and the Chairman of the project) recently served on a commission appointed by the Anglican Church to examine the Church's attitude to marriage, remarriage, and divorce; the Education Officer is currently participating in the designing and organising of a workshop to advance health education in the Caribbean.

CONCLUSION

In this paper I have attempted to give an outline of the broad area in which we are endeavouring to work. In all our efforts, we consider that the overriding concern must be *revelance*— relevance to the realities of the situation and to the resources at our command. We are conscious of the fact that we may, in the process, be compromising what are commonly considered to be levels of professionalism in social work, but we make no apologies for this. The results of our work in this very complex field are hard to predict, but we are very sure that we will learn a great deal during the next five years.

The Way Ahead

ANGELINA C. ALMANZOR

To maximise the social work potentials for family planning and population activities, short- and long-term curriculum plans for immediate implementation were laid down and shared by the participating schools for deeper scrutiny and continuous study in this seminar-workshop.

There was undoubtedly a unanimous agreement that family planning and population content could and should be integrated into the curriculum of schools of social work. Having gained momentum from the stepped-up support, encouragement, and technical assistance provided by the IASSW, extensive curriculum revisions started within the first year of the launching of the IASSW Project. Thus, the enthusiastic response and deep interest shown in and reflected by the quality of work done by educators in the Project are extensively felt not only in the pilot schools but also in all the other schools in Asia.

Although some of the basic issues were thoroughly discussed, as recorded in these proceedings, there is a need to draw some guidelines for the future in the light of observations made about conditions

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existing in Asia today. This paper, therefore, reflects my own personal views on the major ideas discussed in the Seminar. I proceed on the premise that what is yet to come will be based on what has already been done within the Asian frame of reference.

AN ASIAN FRAME OF REFERENCE

In the early years of social work, the field stood for social relief to alleviate the visible poor. The pervasive social ills accompanying or created by industrialisation, urbanisation, and modernisation brought about serious maladjustments in economic and social life. There was unemployment, mostly caused by occupational shifts from agriculture to industry, and migration to cities, consequently causing overcrowding, as workers searched for better job opportunities. General welfare measures were instituted to help people who were unable to keep up or to adjust to the rapidly changing environment. The early social workers were mostly dispensers of charity, and functionally they were involved in helping individuals rather than groups or communities.

Today, in most countries of Asia, these social conditions are still present and the pervasiveness of social problems varies in degree from country to country. Traditions and beliefs which are steadfastly held are often blamed for the slow pace of progressive change. Although the pace of this change is uneven, and in some cases rather slow, this is attributed mainly to an over-riding concern or resistance to "imported" ideas which are immediately viewed as alien to the Asian social-cultural value systems and national/local ways of work. For example, there is a noticeable resistance to forms of external help, whether technical or material, coming from countries beyond the national boundaries. This reluctance to accept project assistance—especially when such assistance is Western-initiated and supported, as in the case of family planning—is, however, prevalent not only in Asia but also in Africa and Latin America.

A close look at the situation will reveal that in the developing world, such feelings are part of an overall discontent caused primarily by the overwhelming inability to cope with massive problems. Rightly or wrongly, blame is usually heaped on the rich and powerful countries for a variety of economic, political, and ideological reasons.

Realistically, some of the Asian institutional-structural arrangements in the social environment are restrictive, uncreative, and undemocratic. Doubtlessly, there are conditions that exist that give credence to these impressions. Educational institutions, including schools of social work, are in the category of those institutions unable to change as rapidly they should in order to respond to and provide for

the pressing welfare needs of many Asian societies.

However, increasing agitation for social change is being felt. In some cases, socio-economic-political reforms have come about, however painfully, as a consequence of radical or revolutionary movements, especially those espoused by the youth. Fortunately or unfortunately, the attempts to improve conditions of living have made even more visible the wide gap existing between the "haves" and the "have nots." Mass poverty is still a pervasive social problem in Asia, and social workers find themselves facing the issue squarely. It is now generally accepted that radical changes are needed in the structure as well as in the prescribed functions and stated objectives and goals of social welfare.

PROBLEMS OF THE PROFESSION

A review of the existing welfare programmes and services in Asia shows that, in addition to family planning, there are programmes in urban and rural development, industrial welfare, vocational training and re-training, literacy education, family life education, public health, housing, human settlements, cooperatives, social security, youth development, labour welfare, manpower training, etc. In this Seminar, these programmes and services were justifiably considered within the developmental context.

A major question raised at the Seminar was: Where are the social workers in this whole complex of services? It was noted that in these developmental fields, the role and contribution of social work were "limited and sometimes unclear." This observation led to a diagnosis of some of the problems which have adversely affected professional functioning and low visibility recognition.

The Image of the Social Worker

In many Asian countries, the social worker is seen as a voluntary worker, fund raiser, a giver of charity, a relief worker, and, generally, as one who is associated with remedial tasks.

Because of the nature of their early training, social workers have been concerned with remedial tasks and, therefore, they tend to project themselves as competent only in such tasks. The seminar group felt that social workers should create work opportunities to demonstrate professional skills and expertise and to show "impact" results by reaching out to a greater number in the community.

Professional Performance

To a great extent, professional image is based primarily on perfor-

mance, but the tasks in the social work field are such that the professional social worker cannot be easily distinguished from the non-professional or the volunteer engaged in welfare activities. There was further reference to the observation that social workers seemed to suffer from an inferiority complex. Surprisingly, this indictment was not contested. There was a tacit agreement that trained social workers "should" feel secure as they interpret their functions. Interpreting social work means "discovering relevant contributions to developmental goals which lead to effective performance" and, eventually, "improving its professional image."

The Lack of Administrative or Leadership Skills

This problem has been repeatedly expressed as a gap which has not been given attention by social work educators. Although graduates of the schools of social work in Asia have been expected and at times pressured to manage and administer welfare programmes, the schools have been unable to respond to this need. The social work curriculum drawn from the traditional American or English patterns with concentration on social casework as applicable to direct practise continues to be the emphasis in the schools. In this Seminar, the schools have finally recognised and accepted family planning as the timely and appropriate venue for change.

My thesis is that whether schools have resources or not, whether they are fully equipped or not, social workers will have to do something in developmental social welfare or they shall cease to be there to serve people in times of need simply because they are closeted in their own individual, rather than societal, concerns.

Lack of the Social Reform Spirit

Social workers are supposedly concerned with social reform, but in Asia, hardly any of the social workers, either individually or in organised groups, are identified with social action movements. Most of them are functionally located within the safety confines of their agencies or they are securely aligned with the establishment.

On this point, I would like to share the following observations. From experience, it is becoming evident that in some countries in Asia the skills used by some social workers who were effective in dealing with the power elite – the political leaders, the policymakers, the bureaucrats and purseholders – are, in most cases, characterised by a highly systematised approach consisting of a unified work plan undertaken by a professional who, to begin with, has the rare combination of personal and professional qualities acceptable to the policymaker. This acceptance has been earned through a long period

of work by one who has a felt concern for the greater good that has been demonstrated or illustrated previously by this emotionally secure and professionally oriented worker. The work results are gauged immediately and the credit, however, is accorded not to the professional, the doer, but to the policymaker, who is the exposed and expected leader. The enabling process is consciously directed so that the values of the expected leader, the *hiya*, or shame, and the *amor propio*, or pride, may not be challenged to result in either rejection or non-action. To work with the power elite requires great zeal and self-sacrifice on the part of the professional social worker.

I think what I have described above refers to a social worker-enabler as required in the more paternalistic-authoritarian societies of Asia. In situations like these, satisfactory professional performance is perhaps the main, if not the only, source of strength of the social worker to keep on going.

The way ahead points to a crucial educator's role of serving as a model to demonstrate competence and security as a professional. Whether we need to follow the suggested line of action as indicated above will depend on the social worker's view of one's role in the Asian welfare scene.

It has been observed that most of the social workers in their occupational role have, in fact, decided how much and how far they could and should be involved in social action or reform movements. In this area of social reform, social workers have taken the view that cultural channels are built *along*, and not necessarily *against*, the social structural milieu. And, as in the Philippines, a deliberate, conscious, and passive approach to create change with the minimal threat to security and peace seemed to be the accepted way to react to pressures for change and reform. The social workers are obviously taking the more comfortable posture of conforming rather than to be in the forefront as leaders in initiating or effecting change. This has inevitably led to the low visibility of social workers as agents of change.

In this Seminar, discussions referred to the "authoritarian" problem. Since most countries are moving within the authoritarian-democratic continuum, it was pointed out that this value—which is perceived as a problem—has not been dealt with because it is so multi-faceted and deeply embedded in the Asian value system. It was proposed that the family, the school, the community as the component parts of the social milieu of the students, the staff, as well as the clientele will have to view the authoritarian value within the total societal frame of reference. For only when social-institutional functions complement and reinforce one another can change truly take place. The authoritarian value will give way to the new democratic value only when total societal pressures are felt positively for change.

In this regard, the way ahead seems to point to a mandated

direction for the schools of social work to produce "aggressive," "dynamic," and "innovative" social workers who could lead and effect structure changes that would result in a value reorientation toward their behavioural changes.

SOCIAL WORK FUNCTIONS IN DEVELOPMENTAL SOCIAL WELFARE

The participants at this Seminar deliberated on the present as well as the future functions and tasks of the social worker in development, including family planning and population activities.

Dr. Kendall referred to an emerging emphasis on developmental social welfare. Fanned and swayed by strong and sometimes violent winds of change, Asia has been searching for a more humanistic approach in order to solve massive problems. Thus, developmental social welfare, which can be "positive in its objectives, comprehensive in approach" and most importantly, "relevant to all sectors of the population," is seen to provide an adequate and appropriate theoretical framework of relevance to social work education and training.

It is my belief that the traditional relief approach to welfare segregates the total welfare programme from a GNP-oriented national development planning scheme. Thus, budget allocations for welfare are classified as expenditures rather than as investments in maximising the manpower potentials so essential in the development of any country. Unless social workers are able to demonstrate the viability of the developmental approach to welfare, they shall be left behind or bypassed as a team-contributor in the multi-disciplinary approach to social development.

The representatives of the following countries shared information on how their schools of social work are gearing educational objectives toward prevention and development by using family planning and population activities as the appropriate points of entry:

1. *Jamaica*. The training is geared to produce "generic" social workers so that they may be able to do any job in any welfare field. Training is geared toward the identification and satisfaction of client needs rather than overemphasising "method."
2. *Korea*. The previous emphasis of training was on direct service, but now the students are also prepared for policymaking and administration.
3. *Hong Kong and Pakistan*. Teachers from other disciplines are being brought to the school as professional team members. This is to give the students the understanding of the inter-relatedness of functions while getting the experiences to enable them to work effectively at an interdisciplinary level.

4. *Philippines* Students are trained in how to work within a bureaucracy in order to give them the knowledge and skills necessary for them to participate in policy formulation at all levels.

Some general observations were shared on other trends in training:

1. There are indications that in all the countries represented at the Seminar, social workers are increasing their participation in the areas of planning and policymaking.
2. In research, the work done by students is being increasingly utilised by other organisations, e.g., in Pakistan, by the Town Planning Body. But it was suggested that social workers will need more training and practise as *good* producers and consumers of research.
3. Professional associations were seen to function as standard-setting agencies.
4. It was also pointed out that the extent of involvement of social workers in one or the other of the development fields seemed dependent on the sponsorship of schools of social work.
5. In field work, many new settings are being tried.
   a. Students were placed in settings where they could participate in policy formulation at different levels and the experiences reported were most encouraging.
   b. Students are being prepared for "confrontation" sessions within the legal framework of a given society, not only as institution-changers but as institution-builders as well.
   c. Students are given social reform orientation, e.g., so that they can take a collective stand on human rights.

The way ahead points to overall curriculum change which calls for innovations in the schools of social work, in the areas of course presentation as well as in field instruction. What has been repeatedly stressed was that family planning can be used as the *new* essential area of knowledge that could be added or integrated to enrich the total social work curriculum. These shared experiences from the participating countries revealed the direction and the extent to which the curriculum of schools of social work will be changing toward developmental social welfare.

An analysis of the Seminar group reports on the role and contribution of social work shows that most of the prescribed social work functions are projected for the future. This is understandable because in the other countries of Asia, except in Iran, Pakistan, India, Bangladesh, and Jamaica, the social workers are just beginning to be involved in family planning programmes.

As it is hardly possible to provide the full complement of professional social workers needed to carry out services, the schools, in particular, and the profession, in general, will have to refocus training

toward other types of workers, such as the auxiliaries or para-professionals. There are concrete plans by the schools themselves to pursue this type of training. A number of schools in the Philippines and in Indonesia have included this programme in their five-year plan of work.

On the field placement of students, a number of new experiences have been shared as ongoing in the following placements: rural health settings, open-ended field settings, industries and factories, hospitals and centers, and non-structured settings.

An interesting new area that has been pointed out as a possible place for social work to make a contribution is in genetics, as part of pre-marital or marital counselling. But since there will be a need for content drawn from biology and the medical sciences to teach this, the issue was raised as to whether this is an appropriate channel for the few available social workers. If group approaches are to be made, then group and organisation skills will need to be sharpened. This exercise of enumerating the types of settings has been very helpful in providing a very valuable guide with much latitude for future job placements of workers.

In view of the shortage of trained social workers all over the region, it was suggested that the assumption of new roles and the examination of the contributions of social work should be initially focussed on how to increase social work manpower potentials qualitatively as well as quantitatively.

THE WAY NEXT?

The Singapore Seminar was in a way an activities report meeting for the pilot schools. All preparations for the Seminar — the compiling and putting together of course syllabi, not only in family planning and population dynamics but for the entire course and field work content of the curriculum; the results of the critical examination of family planning content in the curriculum; the actual "infusion" or "transfusion" of family planning content in courses and field work activities; the translation into English or indigenous teaching materials for the non-English speaking schools; the preparation and demonstration of the use of "show and tell" teaching devices, etc. – all these are tangible evidence of "what we are doing" in the curriculum.

After this Seminar, the way ahead seems a little clearer. Conceptually, developmental social welfare has given the social work curriculum the appropriate theoretical framework; some of the "irreconcilables" in the realm of values have been hopefully threshed out and cleared; the directors and heads of schools of social work are fully involved in the Project.

Integrating family planning into the social work curriculum has opened the avenue toward a full re-examination of the total learning experiences in social work education in Asia. The theoretical aspect of integrating family planning and population in the social work curriculum has been auspiciously started. But, throughout the Project, our continuing concerns should be in: (1) how to keep the interest of the school going, (2) how to channel the readiness of schools to realistic and attainable field programmes, (3) how to maximise the potentials of the schools, and (4) how to deploy most effectively the limited time and resources made available to the schools by the IASSW and AID through this Project.

The following action-oriented objectives have been set for the ensuing years:

1. To stimulate, guide, and assist schools in a thorough study of the curricula to:
   a. prepare and educate students for different levels of functioning;
   b. develop an effective work-machinery with other family planning agencies, community leaders, etc.; and
   c. demonstrate in extension programmes family planning and population activities.
2. To involve more faculty members in the further revision of course syllabi, field instruction programmes, and development activities.
3. To encourage and facilitate faculty development activities for effective teaching-learning programmes in family planning and population dynamics.
4. To make available IASSW technical assistance to be provided by a mutually agreed-upon team of international experts.

Insofar as the pilot schools are concerned, the year ahead is "application" year. Moving at their own pace and in varying degrees, pilot schools will begin to:

1. Teach new, added, or enriched course content in family planning and population dynamics (the materials shared during this Seminar offer a rich resource for this activity).
2. Start innovations in field activities.
3. Initiate experimental courses in sex education, family life education, responsible parenthood, etc.
4. Use indigenous teaching materials, along the lines of the "show and tell" model.
5. Focus faculty training on teaching content and training in the skills and methods of teaching.
6. Launch community-oriented programmes, such as extension programmes, continuing education, etc.

In this Seminar, the participants worked long hours and read voluminous papers. Indeed, the experience had been pre-planned as a live demonstration project in teaching and learning; a task-oriented programme that, in the view of some, was structurally tight and inflexible. But, when the reactions of the participants were communicated in the days that followed, we were relieved to note the many "positives" that were accruing out of the educational experience.

As one of the participants said:

> I am now amazed that all that has happened to me in way of experiences, new ideas, new friends, all happened in ten days. We have already held meetings here to revise some of our programmes both in the field and in the curriculum. I myself have become a disciple and proponent of preventive and developmental social work . . . . Singapore was a treat that I wouldn't have wanted to miss for anything.

It is my hope that this same enthusiastic spirit to continue the work already started in the schools will be carried throughout the remaining years of the Project and on until population and family planning shall be instituted as an important aspect in attaining the goals of developmental social welfare.

The General Rapporteur's Report

DOLORES B. LASAN

Every international seminar evolves its own culture and personality from which emanate a wealth of ideas, issues, and implications. This report is an attempt to capture these aspects as well as the dominant themes and the professional and educational climate produced at the Second IASSW Asian Regional Seminar. I have tried to link the many different parts of the Seminar-Workshop into a totality which reflects the ideas pursued by the major papers, the reactions generated in the discussion and workshop groups, and the resultant recommendations.

THE SEMINAR—KNOWLEDGE-GATHERING

The first major paper, "Focus on Prevention and Development: new Directions for Social Work Education" by Dr. Katherine A. Kendall, proposed prevention and development as new opportunities for social work education. Dr. Kendall, in describing population and family planning as only one part of the development mosaic, provided concrete insights into the ways in which the IASSW Project on developing qualified social work manpower for population and family

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planning can provide a viable venue for schools of social work to develop curricula in prevention and development. It became very clear that our present effort to consider population and family planning as part of the social work curriculum goes beyond family planning itself – it gives social work educators the opportunity to look at the total social work curriculum with the ultimate goal of placing social work education in the mainstream of development in their respective countries. Dr. Kendall's paper provided the assurance that we, as social work educators, have a bigger educational purpose as participants in the IASSW Project and dispelled all fears of family planning as merely a "graft" onto the social work curriculum.

Dr. Kendall also described the attributes of a developmental outlook, namely that developmental social welfare is (1) positive, not remedial, in its objectives; (2) comprehensive in approach and related to all sectors of need; and (3) able to meet the needs of target populations, as well as being relevant to all sectors of the population, with desirable consequences for national development. As a corollary to this, family planning was not seen as anti-birth or anti-children or anti-anything; it was seen as pro-human development, allowing for the fulfillment of human potential.

Prevention and Development

The open forum following delivery of Dr. Kendall's paper provided the participants with an opportunity to clarify some major points. Due to the differences between diseases and family planning, comments from the floor pointed to the fact that there might be some difficulties in making use of the public health preventive model suggested by Dr. Kendall.

It was further noted that family planning is not an anti-poverty programme – it is not a programme only for the poor, but rather a strategy which involves the total population. There was a consensus that the conceptual framework for development must highlight the "social democratic institution-building functions," a "comprehensive social approach with social work as one of the participating professions" and, as such, must be able to define its roles and contributions.

The need for an interdisciplinary and interprofessional approach was reiterated. It was pointed out, however, that in most instances we have interdisciplinary conferences and seminars but very little interdisciplinary practise. In trying to relate the concept of popular participation to the political context of Asian countries, it was pointed out that in actual operation variations are inevitable and that one may view it operationally within an authoritarian-democratic continuum depending on the exigencies of the existing social climate. The

participation of volunteer groups, and as a matter of fact, the general population, in national development efforts was considered as one of the social work contributions toward the goals of prevention and development. While we try to locate specific indicators for development, cognisance must be given to the fact that there can be no universal criteria for social development which would be applicable to all countries. Hence, each country must strive to work out its own social indicators. Family planning activities must be seen as an avenue for participation in nation-building.

Within the framework of prevention in social work as " . . . the ability to discover and clarify not one but many casual factors and thus determine viable targets for preventive action . . ." and development as " . . .pro-human . . . and the fulfillment of human potential . . . ," four discussion groups covered the various fields of prevention and development—including population and family planning—in their respective countries, determined to what extent educational objectives have been related to the fields of prevention and development in the preparation of social work manpower, and discussed ways and means of how to re-orient the social work curriculum toward prevention and development, specifically in population and family planning activities. Within the premise that population and family planning "is only one piece of the mosaic . . . ," the following were identified as other fields of prevention and development in which social workers may be involved: health education, labour welfare, youth development, housing and urban renewal, manpower training, relocation and resettlement, urbanisation, agrarian reform, cooperatives, community development, public health, adult education, social research, social security, family life education, urban and rural development, industrial welfare, vocational training and re-training, and literacy.

In the process of identifying these fields, it became obvious that in them the roles and contributions of social workers are still limited and sometimes unclear; thus, there is a need for social workers to be more aggressive and assertive. It was also realised that the extent and quality of social work involvement in these fields was uncertain. Although there appears to be a consensus on the desirability of social work practitioners and educators becoming involved in prevention and development, considerations were advanced concerning the extent and timing of involvement, particularly in relation to the political processes of different countries. One group viewed social development plans as linked to a country's political and economic structure, the nature of social stratification, and political ideology.

The group reports tended to show that schools of social work in the Asian region are now beginning to turn their objectives from remedial and rehabilitative functions to prevention and development. Con-

sensus showed, however, that the remedial and rehabilitative functions must still be consciously placed in the total continuum of educational objectives. Some evidence to support this new consideration of prevention and development in terms of educational objectives appears in those schools that have focussed training on "generic" social workers, expecting their graduates to be able to perform in a variety of settings; in the use of teachers from other disciplines in order to give students an understanding of related fields so that they may work on an interdisciplinary level; in the readiness to place students in field practise settings where they can participate in policy formulation at different levels; in the preparation of students for confrontations within the legal framework of a given society, i.e., as institution changers as well as institution builders; and in a revival of the social reform orientation in social work.

Among the factors cited as affecting the degree to which schools of social work have related educational objectives to prevention and development are the auspices for schools of social work – whether they are part of universities or ministries of social welfare – and the amount and nature of pressure upon the school, e.g., funding sources, etc. For a school sponsored by or under a ministry of social welfare, for example, the objectives, responsibilities, or functions of the staff may be geared to the ministry's needs (as in administration, planning, etc.), and thus faculty may have dual responsibilities and loyalties. In this situation, the school's objectives tend to become closely allied to the ministry's priorities and peripherally linked to departmental responsibilities.

It was agreed that schools should be flexible, i.e., keeping in tune with social changes and the concomitant need for changes, modifications, or introduction of new services. Changes in the social work curriculum result from external forces, such as pressure groups for the allocation of funds and resources. One discussion group identified some reasons why social workers are not yet used extensively in development fields such as policy formulation and planning; these are: the image of social workers, the nature of professional performance, the lack of administrative skills, the lack of a social reform spirit that encourages involvement in political activities, a need for skills in interprofessional and interdisciplinary intervention, and the nature of skills as manifested in the analysis of problems. All groups echo the need to be more active and dynamic in developing the kind of social work curriculum which will really prepare students for prevention and development goals.

Any curriculum development process must strive to place family planning in the social development model in a particular country and this model must include political, social, and economic analysis.

Concrete attempts to reorient the social work curriculum toward prevention and development, specifically incorporating population and family planning, include: treatment of family planning as one additional field or setting for social work practise, the integration of population and family planning content into all curriculum areas; movement toward making population and family planning an area of concentration for interested students; and use of family planning services within the structure of the maternal and child health (MCH) services as field training centres. In countries where MCH is not an available structure, social workers should include family planning in welfare and development programmes within existing structures, or, when needed, help to create new structures. There is agreement that population growth is associated with poverty, child neglect, and delinquency, and family planning is the appropriate preventive activity as part of social work's concern for family welfare and national development. One group stated that the unique contribution of social work in family planning is actually outside or beyond family planning itself and in an area in which perhaps no other discipline can claim expertise – the understanding of the socio-economic aspects of life or the entirety of factors and conditions that can provide a better quality of life.

Values and Development

Following this look at prevention and development as new opportunities for social work education, Dr. Herman D. Stein opened up a new avenue for thought in his paper "Values, Family Planning, and Development." Nothing can be more meaningful than a close look at our values as a profession, and the values of the society of which we are a part. A study of our values also leads us to examine the issues involved in our attempts to reorient the social work curriculum as well as to determine what it is necessary to give up when making room for the new dimensions necessary for social development.

The discussion which followed Dr. Stein's presentation included a number of questions, clarifications, observations, and issues. There were comments and questions raised in regard to the desirability of viewing values, family planning, and development within a wider social, economic, political, and religious context. In the discussion of the relationship of values to social change, reference was made to certain polarising effects of change, for example, in sharpening differences between collective and individual interests. In the identification of interests among the various sectors of society, social work, it was noted, should be aware of the possibility that the profession may become another mechanism of control rather than a liberating force

for individuals who may have to be assisted to secure a rightful place in the social structure. This point touches on what may be regarded as a political function of social work. It may further be desirable to view this function as related to the distribution of power among conflicting interests. Professional values should be examined in relation to the structure of power and social classes. It cannot always be assumed that the political needs of the clientele are compatible with these professional values. Basic questions which consequently arise include the following: Are social work values consistent with the values of the society at large? Are there indeed universal values within a given society? What are these dominant values and what should guide social workers in their selection?

As an example, it has been noted that all religions support the idea of the dignity of human beings. In actuality, however, inequalities and stratification exist in societies, and support is given to other practises that contravene some religious teachings. Note has also been taken of the fact that empirical studies alluded to by Dr. Stein have made evident that such factors as a better distribution of the GNP, which concomitantly leads to higher levels of achievement and aspiration, serve as more effective means of reducing population growth than the promotion of family planning *per se*. The stress placed on values as a force may be exaggerated, as compared to the social realities of participation in social and economic progress. Family planning should become a social service resource for those ready and in need of it rather than simply a movement in its own right.

Consequently, it appears that there is a need for social work to veer away from motivational activities in family planning as the sole approach and put more effort into effecting changes in the social reality. By collaborating with and influencing other pivotal economic and political sectors, there can be progress toward the desired redistribution of wealth, along with a far wider acceptance of family planning. Thus, social action and social reform should receive increasing emphasis; however, social work seems to be a profession that is uncomfortable about creating discontent even though people frequently have to be assisted in order to guard their interests.

The importance of including the study of values in the social work curriculum was underscored, but the observation was made that since traditional values are tied to social institutions, it is necessary to view them within a given national context. Thus, these accompanying questions were raised: How much emphasis is being given in social work curricula to the study of social institutions? In examining the acceptance/non-acceptance of family planning and the values related to this, is the analysis done within the context of a nuclear or an extended family? Are the prevailing social security features in the

family structure considered?

Such questions become important in the indigenisation of the curriculum as western-trained social work educators have generally pegged their theoretical framework to their educational backgrounds and not to their own social reality.

In commenting on certain points raised in the discussion, Dr. Stein noted that society was a highly generalised term, and that in the examination of values one must consider variations within and among ethnic, religious, economic, geographical, and other sub-systems. Nevertheless, it is usually possible to refer to some modal values characteristic of the society as a whole. With respect to political functions, he commented on the place social work could have in the overall national political process toward achievement of developmental objectives to meet the needs and aspirations of the people. In this process, social work would be engaged with other professions, occupations, and interest groups concerned with social welfare.

The range of social work interventions available should include what has to be done for individuals and families as well as for broad societal impact – in other words, the range should optimally extend from the micro to the macro perspectives and practise.

Achievement of a higher standard of living and obtaining greater access to social services appear to accelerate the readiness for family planning. Values, of course, cannot be ignored, nor may it be assumed that traditional values and practises are necessarily inimical to constructive social change.

Ideological issues, Dr. Stein noted, do and will constantly arise as a profession develops and becomes more important to the national scene. The analysis and resolution of such issues is part of a profession's own growth and change.

The discussion groups following Dr. Stein's paper covered the following topics: professional values that are in consonance with prevention and development; means of sensitising faculty and students in order to make them aware of their own values, the traditional values in their social milieu, and those of sub-cultures which may be in conflict with professional values and roles; the extent to which social work curricula examine the implications of the different belief systems and customs in order to understand the receptivity to family planning of different elements of the population; and how the profession can contribute in promoting family planning in rural areas, where most of the population reside.

A listing of professional values that were in consonance with prevention and development included: respect for the dignity of the individual; belief in the equal rights of human beings regardless of religion, social class, age, sex, race, ethnicity, or political affiliation;

social justice; belief in the interdependence of human beings; the right of the individual to develop to the fullest extent of which he is capable; a service commitment to other people and the public good; acceptance; respect for the value of religion in the secular life of a people; belief in self-determination; and objectivity.

The professional belief in voluntarism and a lack of emphasis on population planning were observed to be the salient factors which bring about conflict. Social work has placed so much importance on individual rights that the collective good has sometimes been neglected, specifically in family planning/population activities. There is need, therefore, to view the reciprocal obligation of the individual to his family, community, and the nation. Within this framework, the profession can be more effective, for the voluntary and compulsory approaches together can be made highly complementary. Moreover, such an orientation can assist social workers to involve themselves in interrelated activities at all levels in which the distinct contribution of the profession can be displayed, while hastening the acceptance and practise of family planning.

Areas of Conflict

Specific attention was drawn to the seeming discriminatory features of incentives or penalties against lower income groups, as seen in the hardships imposed by a withdrawal of services such as maternity benefits, stoppage of financial assistance with the *n*th child, or changes/reassignment of priority qualifications, to cite three examples. Similar notice, however, was taken of the fact that those in higher income brackets have also been affected, for example, through income tax measures which are sources of funds for welfare services and other taxation schemes that, in effect, penalise them for their extensive use of natural and other resources.

Inducements and compulsory approaches should not be viewed negatively, for the increasing problem of overpopulation carries a train of demographic, ecological, and public health problems which have global repercussions. If we take the public health model as an example, compulsory vaccination against disease, environmental sanitation, etc., cannot be questioned.

In this vein, it was conceded that family planning programmes alone cannot bring about rapid social and economic changes, so that the creation and/or rearrangement of social institutions must also be effected. As family planning activities in social work have largely been clinically oriented, we have suffered from a lack of recognition of our contribution and a lack of understanding of our role, particularly in terms of other professionals and/or paraprofessionals who undertake

similar tasks and functions (public health nurses, health educators, family planning motivators, etc.). The present need is to create necessary programmes and services with a more extensive community approach through which we can use opportunities in working with problems to weave in the welfare component and provide avenues for different sectors of the population to participate in the process. Thus, the mobilising/coordinating functions of the profession can be fully utilised. Similarly, there is as much urgency to introduce family planning in social work settings, together with our involvement in family planning programmes *per se*. In this manner, this progress and reorientation of the profession can occur.

Abortion as a fertility control measure was examined in relation to professional values. The issue as to when life begins seems to contain not only medical, theological, and moral, but also socio-cultural dimensions. In instances where liberalisation of abortion laws has occurred, the relative ease of securing competent medical services and the advances in medical technology which have reduced abortion hazards have provided further impetus for its acceptance. In the experiences of some countries, the unusual social disorganisation brought about by war and its aftermath created implicit community acceptance, which has led to the current "democratisation of abortion."

A larger but highly related issue which is central and crucial to Asia was considered in relation to professional values, i.e., should the country's political system not provide the avenues for popular participation, which, in effect, is a developmental task, what approach should the profession take? More or less, there was the consensus that social work should operate through the country's legal framework.

The admission was made that there was an equal need to "desensitise" as well as to "sensitise" both faculty and students, particularly since the former assume role models out of which the process of identification arises and assumes importance. A basic fund of knowledge of the socio-cultural milieu, which would include a consideration of sub-cultures, sub-groups, and sub-systems, was indicated. Awareness, particularly by western-trained social work educators, of their educational backgrounds should assist in furthering real understanding through comparative review. Some instructional methods were cited as means of desensitising/sensitising: the use of indigenous creative literature, the imaginative use of role playing, and the assignment of given topics which indicate the various ways in which ethnic/racial groups behave and value certain social structures, etc., in view of the multi-cultural composition of the class and/or socio-economic status of the students in relation to the clientele served.

In traditional highly authoritarian settings, caution must be

exercised by social work educators in the introduction of professional values which create intra-familial conflicts and may bring about an *impasse* between the student's family, the student, the school, and the community at large. An examination of the socio-cultural milieu should lead to further consideration of similarities and dissimilarities. From the similarities, students can begin to develop a sympathetic orientation while attaining a respect for diversity. Field experiences can be utilised in making the student aware of personal values. Recognition must also be given to the fact that students are exposed to other members of the profession both in their general education and in social work training, and out of this experience comparisons in orientations may be drawn.

Awareness and identification by faculty members of sensitive areas where conflict may arise are necessary. In this regard, the teachers themselves must also be able to sift out their lack of receptivity if they are to communicate effectively and to assist students to internalise a positive orientation toward family planning. The assessment of values in terms of their significance and relevance to the promotion of family planning and to national development can lead to further examination. The exposure of the students to other disciplines and professions in the process of working with individuals, groups, and/or communities is another major experience. The systematic creation of communication lines in existing situational conflicts can be utilised for experiential purposes, out of which a differentiation of area conflicts can arise, i.e., ideological, political, moral/religious, and psychological.

In rural settings, the identification and utilisation of local leaders or other influential people and training them for communication/motivation purposes as well as for gaining and building local community support for family planning can be an effective approach. Social workers should participate in many types of collaborative and coordinating activities so that family planning services may not only be offered in such settings, but will also be incorporated as a service in other welfare agencies. Influencing policymakers and administrators should be considered, so that more extensive and efficient family planning services are brought to the rural areas. The placement of more social workers, who may become trainers of family planning paraprofessionals in rural settings, can be an effective approach in bringing about a multiplier effect.

Along this line, attention should be drawn to the need for higher salaries and other incentives that would attract social workers to rural areas. The block or concurrent field placement of students in rural agency settings and/or their participation in creating an awareness for the need for and introduction of family planning services would also be useful.

Social Work Roles and Contributions

Within the context of values, family planning, prevention, and development, the paper delivered by Mr. S. H. Pathak dealt with the "Social Workers' Role in and Contribution to Family Planning and Population Activities," supported by a documentation of the Indian experience. Although the roles covered in the paper were clearly traditional ones, it was obvious that the seeds of developmental roles were being planted. Reactions from an interdisciplinary panel further enriched the discussion on roles and contribution of social workers.

Dr. Henry Meyer, a social scientist, noted that the roles and contributions described in Mr. Pathak's paper are those of social workers who are "inside family planning programmes," and that this may cause some limitations. On the basis of the roles described in the paper – e.g., administration, supervision, and other leadership functions – it must be noted that the social worker's training in these roles is hardly deliberate as most social work curricula still do not seriously cover budgeting, staffing, management, and other "mundane non-leadership roles." Thus, social workers in family planning are primarily motivators in the programme rather than motivators of family planning organisations. He suggested that perhaps we should also look at the roles and contributions to family planning by those social workers who are "outside family planning." Roles outside family planning may occur in research activities as well as in actual locale of employment, such as maternal and child health activities, child spacing, housing, and population institutions, where social workers may develop a sensitive appreciation of problems that are peripherally related to rapid population growth in high risk groups. He suggested the expanded concept of "beyond family planning," which is the interrelationship of family planning with other aspects of life.

Dr. George Worth, an educator, suggested that perhaps it would also be significant to look at "family planning in social work" in addition to a "social work in family planning" approach. He cited a Korean study which revealed that 70% of the regular clients of social workers in social agencies needed family planning services, and this was used as a basis for social workers to bring family planning into social work. On the other hand, he said that since social workers in family planning still cannot show that what they do is directly related to family planning's immediate goals of decreasing birth rates and fertility, programme performance might be improved by putting family planning into social work.

Professor T.T.B. Koh, a lawyer, sounded a note of warning toward the tendency of professions to expand and increase "omnipotence of

the profession" by incorporating more and more areas of concern. He posed the question of whether social workers, by natute of their educational preparation, are really prepared for social policy and administrative roles in family planning, and he hinted that perhaps it is more natural for social workers to be "frontline workers." He compared social work and law as professions that are both concerned with the human rights of individuals and, as such, suggested that perhaps these professions must also look at the relationship of the human rights of nations and societies and examine the "congruence of law and actual administrative behaviour."

Dr. Emmanuel Voulgaropoulos, from the discipline of public health, wondered whether social workers should really follow the public health model, as researches in medical education in family planning reveal that where there were recorded successes in reduced fertility rates it was found out that doctors had nothing to do with it. Delving further into the use of models, he warned against the tendency of international organisations to have an international model for all schools of social work, further emphasising the need for a natural flow of social work in family planning specific to a given country.

The discussions from the floor following the panel reaction session on Mr. Pathak's paper yielded other worthwhile points. On the issue of international standardisation, Dr. Kendall explained that at present the IASSW subscribes to the principle that each country must evolve its own social work curriculum which is responsive to its own national development goals and priorities. The phenomenon of a professional inferiority complex among social workers was brought up and discussed as one of the reasons for the slow pace in indigenising the social work curriculum. It was observed that although social workers may be comfortable among themselves, they find it very hard to interpret and to work with other disciplines on a peer level.

The absence of research to support a social work point of view as a basis for interpretation to government and bureaucracies may be one of the reasons for this inability to get roles and responsibilities understood. At the beginning stage it is, however, important that a school of social work must have the core content upon which to innovate and modify in accordance with the demands of institutional pressures, the society at large, and national priorities. Discussions showed an awareness of the fact that, in the process of demonstrating our roles and contribution in family planning, we should consider the stages of involvement – the period of "initial boom," the "honeymoon" stage, and what may soon appear as a "plateau."

In demonstrating and assessing the role and contribution of social work to family planning, we must make sure that we go beyond just "picking up the scraps." For social work to be effective in family

planning and population activities, the profession may draw from other fields in order to broaden its area of influence to systems change. To be able to demonstrate fully the roles and contributions to population and family planning, social work's relationship with other disciplines must go beyond a friendly relationship to a more professional shared-leadership level.

Support from the press and other communication media is vital for the interpretation of social work roles and contributions to organisations and the community as a whole. There is no conflict between the remedial, rehabilitative, preventive, and development functions of social work as a profession and in the social work curriculum since these should be viewed as a continuum in relation to national development goals.

FROM SEMINAR TO WORKSHOP

The papers on "Focus on Prevention and Development: New Opportunities for Social Work Education" by Dr. Katherine A. Kendall, "Values, Family Planning and Development" by Dr. Herman D. Stein, and "Social Workers' Role in and Contribution to Family Planning and Population Activities" by Mr. S. H Pathak may be viewed as instruments to create the social climate under which a close examination of the social work curricula may occur. An additional important source of information, particularly about developments in the region, was provided by Mr. Meher C. Nanavatty of ECAFE, who spoke on "The U.N.'s Programmes and Activities in Family Planning with Special Reference to Asia." Local experience was made available through visits to family planning clinics, a unit for human reproduction, and an abortion and sterilisation clinic in Singapore, and a visit to similar services in neighbouring Malaysia.

The next set of papers, including "Curriculum Content" by Dr. Soledad A. Florendo (Philippines), "Field Learning and Teaching" by Miss Elahe Kashanchi (Iran), "Research" by Dr. Aquila Kiani (Pakistan), and "Continuing Education" by Mrs. Sybil Francis (Jamaica), provided a substantive basis for the planned workshop in the second week. A panel of resource persons further broadened the horizons of these four curricular areas.

The seminar week was capped by Dr. Gerald Winfield of the U.S. Agency for International Development, who shared with the participants his philosophy on population and family planning.

> Reproductive well-being will be served when the human reproductive function is used, in all of its aspects and interrelationships, to achieve the maximum degree of mental and physical health, growth and satisfaction, strength and stability, justice and tranquility for the largest

number possible of each generation at the individual, family, community, national, and world levels.

To highlight the importance of teaching materials in view of curricular revisions, time was provided for a discussion of the casebook, "Preview of Social Work in Action," by Dr. Katherine B. Oettinger. Dr. Oettinger explained the rationale for the casebook project, indicating the importance of moving into the realm of practise, as well as the necessity of examining the vital "to-and-from relationship of class and field" for the accelerated development of social work practise and social work education. She cited the necessity of documentation in order to prove the distinct contribution of social work in the enhancement of well-being. The cases in the book are seen within the range of services that are remedial/rehabilitative/preventive, and developmental. As such, the cases were categorised under these two major headings. The need was also stressed for additional cases from more Asian countries.

Reaction from the floor underlined the usefulness of the casebook. It was seen as appropriate for teaching for both class and field as it displays social work in action and clarifies the role of social work in preventive/developmental activities as well as with individuals/families/groups/communities. The cultural features also make it useful as a teaching tool with specific reference to cross-cultural exchange, and the comparative study of programmes and services.

More insights on the wealth and breadth of possible instructional aids were shared through movies from various countries and a "Show and Tell Session" featuring puppets, slides, and a do-it-yourself film strip; clip charts and posters; and fertility songs and dances.

THE WORKSHOP—KNOWLEDGE-BUILDING

Three full days were alloted for workshop sessions on four curricular areas: Course Content, Field Learning and Teaching, Research, and Continuing Education. The participants and resource persons were divided into four workshop groups, each with four subsections which had individual chairmen and rapporteurs. The reports of the subsections in each of the areas were synthesised by one of the rapporteurs. Mr. M.A. Momen (Bangladesh) synthesised the workshop report on Course Content, Miss Agnes Ng (Hong Kong) and Mrs. Felicisima Gutierrez (Philippines) the report on Field Learning and Teaching, Mr. Mathu Liyanage (Sri Lanka) on Research, and Mr. John Marsaman (Indonesia) and Dr. Mildred Sikkema (United States) on Continuing Education. Summaries of these reports follow.

Course Content

All the participants discussed course content in the light of the three guidelines submitted to the discussion groups: (1) educational objectives, emphasising developmental roles; (2) course content needed for all students in relation to developmental objectives; and (3) special content for population and family planning.

EDUCATIONAL OBJECTIVES

The objectives that emerged from the discussions ranged from the general to the specific. They may be summarised as follows:

Objectives relating to national goals and needs:

- To prepare qualified manpower that is immediately responsive to, as well as able to meet, national needs and aspirations.
- To produce manpower with the ability to develop people through their participation in problem-solving activities and to prepare them for social change.
- To help students internalise a commitment to professional roles that help a country to alleviate and work toward the solution of socio-economic problems.
- To help students to identify with national problems, experiences, and developmental goals.
- To make of social work a profession that is responsive and relevant to the socio-cultural milieu in which it is practised.

Objectives relating to the student's acquisition of knowledge:

- To acquire an understanding of social change and an appreciation of the different manifestations and consequences of change, with their impact on the life experiences of people and on traditional values.
- To develop a general framework of change (both within and outside the area of social welfare) which includes knowledge of the strategies of change and the historical, societal, and cultural forces that impede or hasten change.
- To recognise and foster the interrelationship of family planning and other developmental activities of the country.
- To understand demographic trends and related problems.
- To appreciate socio-cultural factors affecting family life, family size, and family planning.

Objectives relating to attitudes and skills:

- To provide students with a professional outlook while equipping them with the practical skills necessary to make a significant social work contribution to the country's needs.
- To prepare students with a generic orientation of casework, group work, and community work rather than specialisation in these

methods.

- To equip graduate students for advanced practise, particularly for leadership roles in the areas of social policy, planning, supervision, administration, and research.
- To foster an ability in students to evaluate critically the social welfare services of the country.
- To inculcate a sense of innovation and to help students develop an inquiring mind, objectivity, critical thinking, and analytical capacity.

GENERAL CONTENT

The groups discussed at length the generic as well as the specific content that might be offered in a development-oriented programme. Although no attempt was made to arrive at an exhaustive inventory, the content identified and formulated by the various groups clustered around the following areas:

- *The society and social change:* social, economic, political, and religious institutions and systems; dynamics of social change and development; economic development and its relation to social development; urbanisation and industrialisation; community structure and changes; rural life situations, socio-economic and cultural factors in relation to rural communities; dynamics of rural societies.
- *Personality, culture, and values:* human behaviour and the social environment; personality; socio-cultural aspects of the society including social interaction and social stratification; integrated and interdisciplinary study of the behavioural sciences in relation to social work; social values; professional values and value conflicts; social justice.
- *Programmes, services, and methods:* national development plans, policies, and services; mass-oriented social programmes; social administration, decision-making, supervision, organising, communications; policy analysis; research to contribute to knowledge and theory building as well as to operations.

CONTENT RELATED TO POPULATION AND FAMILY PLANNING

Although much of the general content was seen as necessary for family planning as a developmental service, the following areas were underlined as particularly relevent:

- The family—its structure and functions; family relationships; family in transition; welfare of the individual family.
- Human sexuality, human behaviour, fertility and fecundity, births and contraceptives.

- Population dynamics, demographic goals, population policy and planning integrated with economic development and planning for health, education, and social welfare.
- Interdisciplinary teamwork with family planning presented as an integral part of socio-economic development.

TEACHING METHODS AND APPROACHES

The groups also discussed the methods and approaches that could be emphasised in working with the curriculum content especially relevant to the preventive and developmental roles of social workers. The suggestions included: development and teaching of social work methods in an integrated manner; flexibility of the application of the different methods; use of a generic approach to methods; provision of skills for direct and indirect services; and development of indigenous models rather than dependence on Western models.

Certain skills and abilities were identified as necessary for competence in developmental roles, and it was agreed that field work offered the best opportunity for students to gain competence in:

- Communicating with people at all levels and developing the ability to create awareness among the people and develop leadership in others.
- Developing skill in work with individuals, groups, and communities and adapting knowledge and methods of work to the particular local situation.
- Identifying, developing, mobilising, and using resources and being able to work with limited resources.
- Formulating, interpreting, and evaluating development policies and plans.
- Developing an ability to innovate and experiment with new methods and approaches.
- Undertaking and using research to document problems.

Field Learning and Teaching

The groups dealt specifically with field learning and teaching viewed as an integral part of the curriculum. Field learning, therefore, is a significant means of attaining educational objectives set by the schools. The following objectives were identified as guides for field learning and teaching in realising the developmental goals in social work education:

- To be aware of the national problems and to develop a professional commitment to help solve, alleviate, and prevent these problems in accordance with the needs, situation, and aspirations of the country.

- To understand social change and become consciously involved in the processes of change as a change agent as well as an object of change.
- To develop a critical attitude toward the political, social, and economic factors that affect human development and the milieu in which development takes place.

In order to attain these objectives, the use of the following types of field experiences was suggested:

- Traditional social work agencies where students can identify their professional roles, evaluate the functions, structures, and services of the agency, and develop the ability to introduce appropriate changes.
- Structured non-social work settings, e.g., ministries, planning bodies, industries, housing agencies, co-operatives, trade unions, police, etc., in order to expose students to other developmental problems so that they may see how other agencies and disciplines solve these problems and what the place of social work is under these auspices.
- Unstructured settings such as communities in urban and rural areas where students are not attached to any agency and where they can develop skill in assessment of needs, analysis of community structure, resources, and relationships.

In implementing developmental programmes, students should be involved in planning and decision-making in all these settings.

In order to sensitise students to the dynamics of change, sensitivity training was suggested as one type of experience that helps students to become aware of conditions so that they can easily identify them in everyday situations.

The groups recommended that field instructors or agency supervisors should be informed of the new perspectives in field learning and teaching. They should be helped by the school faculty to play their role as a partner adequately in realising the educational objectives. Schools can provide learning experiences to supervisors in the form of seminars, constant consultations, and evaluation to help bridge the gap in knowledge and skills between supervisors and faculty members. The following ways were suggested to achieve this goal: continuing education for supervision in the field; offering of supervision as an area of concentration in graduate schools; refresher courses for supervisors in order to discuss course content and educational objectives; and provision of salaries for supervisors in the field in order to give them a greater incentive to learn.

It was also recommended that schools should be more selective in their choice of field supervisors. It would be advantageous if they discussed the objectives, learning goals, and expectations of the field

placement with the agency personnel. This would clearly set the learning and the teaching components of the field placements.

One group placed special emphasis on team learning and team teaching. It was suggested that students, doctors, nurses, and workers in social work and other disciplines be put in an unstructured setting with family planning as a focus to see how teamwork can be developed. It was also recommended that this kind of experimental project should be thoroughly documented.

Research

The meeting on research covered a wide array of topics, ranging from the nature and difficulties of research teaching and learning in schools of social work to the kinds of research needed to support a developmental approach in social work education. The questions, issues, and subjects that emerged from the groups may be summarised as follows:

- *Questions on the social work role and function in research:* Who should undertake research activity in social work? What types of research are required and how should it be done? If social workers are not actively engaged in the conduct of research but instead are involved only in the analysis of the results of research, how should research data be utilised to maximise the potentials of social work? Is it preferable for social workers to become involved in research primarily through collaboration with other disciplines or should social work develop its own research specialists for independent as well as collaborative activity?
- *Questions relating to the teaching of research:* Should research as a method be taught as an integral part of social work education for all students? Or, should the primary objective be the development in all students of a scientific attitude and research approach to be incorporated into social work practise, record-keeping, etc.? To what extent are schools equipped to teach or produce research or both? How can faculty members be trained to use research findings in their teaching and to help students develop a scientific attitude and positive feelings about research? To what extent should faculty members engage in research in which students could be involved? In view of the importance of the interdisciplinary approach in social development, how can other disciplines be involved in improving the research component in social work education?
- *Issues related to research and some suggested areas of study:* The groups pointed to a need to test by research the applicability of certain social work concepts in different Asian countries. It was

also suggested that there is a need to study the consequences of value changes within a culture and to assess how functional or dysfunctional they may be. Major ethical questions relating to research were raised and the problem discussed of how to deal with the possibility of prohibitions on the dissemination and use of findings regarded as unacceptable.

The discussions in the groups covered these various questions and topics in great detail. Some of the comments and conclusions are reproduced below.

PLACE OF RESEARCH IN SOCIAL WORK EDUCATION

Research can be seen in terms of two major foci: research as a part of the total social work process, and specialised academic research. It is more than a mere collection of facts and it should be presented to the students not only as a means of fact-gathering but also as a form of creative activity. Research, in fact, creates theories and hypotheses for empirical thinking and this, indeed, requires an element of creative thinking.

The traditional methods of research (surveys, etc.) may be used in research, but research technology can and must become in the curriculum a part of the wider social work method and a part of activities in social welfare agencies as well. In this context, research tends to differ from the usual academic method for two reasons: the results of the research need to be available quickly, and research is often geared to improvement in practical service. Both of these reasons are of significant value, but they are different in purpose from that of basic research.

It is essential to teach research as a part of the curriculum in schools of social work and to draw in members of other disciplines if the social work faculties are unable or ill-equipped to handle it on their own. There is no doubt that this would accelerate and strengthen the development of social work as a profession, thus bridging the gap that exists now between social work and related professions, for research is a significant component in these other professions. It was agreed that research ideas and attitudes should be integrated into all content areas of the curriculum.

It was, however, felt that social work educators should re-orient themselves and formulate tools for measurement (such as social indicators); they should not be overwhelmed with the idea that what they do in terms of process and results is not measurable. It is also necessary for social workers to overcome negative feelings toward research and to learn to draw comparisons between research and day-to-day social work practise, as this will enhance the quality of social work practise in all fields.

Fortunately, attitudes toward research by other disciplines, as well as by social work, seem to be changing; the idea that a problem is only researchable if it can be rendered by statistical means is beginning to be overcome and other methods, such as participant discussion and social interaction, are also becoming acceptable. This brings social work research more into the mainstream.

In the context of development, the interdisciplinary approach is important, as is the evaluation of development programmes in order to assess their effectiveness. Evaluation of the results of research in the area of policy and planning is also important if the results are to be used as a basis for further action.

Still in the context of development, research should look at the consequences of value change in a culture, and determine when it is functional or dysfunctional.

The possibility of prohibitions in publishing negative research findings must be faced and, if possible, resolved. Social workers must be in a position to decide when to take risks and when not to do so; in a situation of political oppression, it would obviously be a very difficult decision.

It was stressed in the group discussions that students and faculty should be encouraged to be both consumers of research findings as well as producers of research. It was also thought that more attention should be paid to the dissemination of research findings to community groups as well as to the sponsors of the research.

Continuing Education

Continuing education was considered as necessary for all professions at all times because of the continuing development of knowledge, the new needs of society, the new demands by practise, and the newly developing fields of practise.

The major ideas that came out in the groups can be summarised under the following headings: target groups, objectives and methods, and responsibility of the social work schools for continuing education.

TARGET GROUPS

Some groups discussed what continuing education actually means. Although the initial discussion ranged across a variety of activities, the main target groups for continuing education were identified: faculty, graduates of social work schools, and others—supervisors of social work students, persons in other disciplines or professions connected with social work, senior civil service officials, politicians, civic community leaders, policemen, etc.

Faculty: Continuing education for all levels of faculty members was given highest priority by some groups. Objectives for faculty are to keep abreast of the knowledge and theories in social work and related areas; to extend knowledge in such content areas as policy, planning, research, management/administration, and social, cultural, economic, and political systems; and to develop knowledge and understanding of educational processes and skills in teaching.

One group noted that faculty are usually recruited from practise and may, therefore, be teaching primarily from their experience rather than from a combination of theory and experience. Another point made was that sometimes faculty members find it difficult to become learners again, as required by the continuing education process. The groups identified a range of methods of continuing education for faculty; short-term courses, faculty colloquia, and faculty leave for short-term special studies in or out of the country.

Graduates of social work schools: The objectives for graduates are to acquire new knowledge; to learn new approaches and new thrusts in practise; to gain knowledge needed for newly developing fields of practise, for example, family planning and population activities; to gain managerial/administrative knowledge and skills (especially important for those who are employed in middle management positions); and to increase knowledge of interdisciplinary and interprofessional collaboration. Methods of continuing education for graduates of social work schools could include short-term courses, special content courses such as one on population and family planning, seminars, and non-credit courses. One group noted a variety of teaching methods which could be utilised: discussion groups, panel discussions, audio-visual aids, etc.

Others: Courses for those groups included under "others" are called "service courses" in the Philippines. Such courses might vary in length according to the needs and interests of the given group. Some might be as long as a semester; others might only be three or four sessions. The main objective appears to be of a "service" nature, such as an orientation to the values and premises of social welfare and social work, and interprofessional collaboration.

RESPONSIBILITY OF THE SOCIAL WORK SCHOOL FOR CONTINUING EDUCATION

Some groups asked whether schools of social work could accept the responsibility for including a programme of continuing education as a regular part of their total educational programme. If they did so, the budget of the school must include provisions for financial resources for faculty and others who would be needed to conduct the various types of continuing education. One group also noted that faculty develop-

ment is a pre-condition for the undertaking of a programme of continuing education.

Recommendations

This section embodies the possible areas for future collective undertakings or activities which may serve as instrumentalities through and within which we may increase our capacities to pursue what we said we wished to do during the workshop sessions. These recommendations are therefore action-oriented by nature.

These recommendations are classified into two types: those which were explicitly or directly labelled as recommendations by seminar participants in the discussion groups and workshop sessions, and those which were recurrent themes throughout the discussion and workshop groups and which indirectly or implicitly lend themselves to possible areas of activities on which participants may want to work with more breadth and depth.

DIRECT RECOMMENDATIONS

The efforts to shift the curricular focus to prevention and development produced the question of the readiness of faculty members to take on the corresponding changing demands on them. It was repeatedly acknowledged that, as teachers, we cannot share what we do not have; neither can we interact beyond our capacities. This, viewed within the reality that most social work educators received their training years back and most likely in a country other than their own, led to the first recommendation: *That the IASSW help facilitate faculty development programmes on a national and regional level.*

As a corollary to this first recommendation is the dominant theme of the inevitability of innovation in our educational methods if we are to take on prevention and development as new opportunities in social work education. Every shift or added dimension in the school curriculum is very clearly linked to educational methods. It becomes obvious that a changing focus in the curriculum must be accompanied by innovative teaching-learning processes. It is within this context that the following recommendation was given: *That the IASSW hold a seminar-workshop singularly focussed on educational methods with specific reference to teaching social work with a developmental orientation.*

There was a general feeling that the amount of materials, references, and publications shared during this seminar-workshop was a clear indication of the wealth of materials which may be shared in a more systematic and continuing basis among schools of social work in a given country and on a regional level, perhaps even on an inter-regional level. It was recommended *that this activity be spurred by the*

schools of social work themselves on a school-to-school basis or through whatever instrumentality may be seen as feasible.

As a result of the formal and informal interaction among participants, there evolved a realisation of the value of cross-fertilisation of thoughts and ideas among people from various countries, and an acceptance of how much one country may gain from the experiences of another. It is within this premise that this recommendation evolved: *That the IASSW facilitate a faculty and exchange programme among pilot schools.*

Although there was a sincere effort and verbal commitment to gear social work within the stream of social development, there was not enough opportunity to discuss and arrive at concrete ways and means by which this could be facilitated. There was, however, a clear indication that the inclusion of population and family planning content in the social work curriculum provides a viable point of entry for social work in the mainstream of social development. With this as the starting point, it was recommended that a seminar specifically on social work and social development be undertaken in order to understand the full dimensions of gearing social work to social development.

RECOMMENDATIONS FROM RECURRENT THEMES

The next set of recommendations involves recurrent themes which lend themselves to possible areas of activities which we may wish to pursue through seminars and workshops specifically devoted to them. The following have been suggested as areas for thorough examination:

- An activity specifically designed to explore the various theoretical frameworks for social work as a profession in developing countries in order to serve as the academic base underlying a practise orientation. The wealth of practise experiences may be used as evidence for this theory-building process.
- A deeper examination of what have been considered universal professional values in relation to the socio-cultural orientation of different countries in the region. This will provide a great impetus to our efforts to indigenise social work curricula.
- An experience in an actual interdisciplinary approach to social development with specific reference to population and family planning, in which participants actually encounter how other disciplines and professions perceive social workers and how, in turn, relate to them in order to carry out development goals.
- To experiment with culture learning as one of the means to understanding ourselves as social workers in relation to each other and to the social organisations of which we are actors as well as those acted upon.

- To examine how research may be utilised as a curricular area with an emphasis on scientific attitude, critical analysis, and inquiring outlooks that may pervade the total social work curriculum. In the same vein, to examine further the utilisation of research evidences in order to demonstrate our roles to various people in policy and planning bodies, as well as to other disciplines.
- To examine specifically the relationship of individual and societal interests, particularly within the context of Asian societies which are traditionally family-centered and are contemporarily being asked to consider national priorities and development plans.
- A seminar specifically aimed at examining contemporary issues in social work with specific reference to Asia. This will sensitise or de-sensitise social work educators to current and emerging trends as these affect their professional identity.
- Seminars to assess periodically the gains or, for that matter, setbacks in our attempts to gear the social work curriculum to a developmental orientation. Where we said we are now, at this Seminar, may serve as our baseline information for this periodical assessment.
- "The Way Ahead," an analytic exposition of the seminar-workshop by Dr. Angelina C. Almanzor, IASSW Regional Representative for Asia, offered a whole range of rich possibilities which can be pursued by schools of social work in the region.[1]

CONCLUSION

From my point of view, this Seminar-Workshop generated, among social work educators in Asia, a readiness to take a close analytic look at the social changes pervading this region as well as all parts of the world; a commitment to place social work in the mainstream of development efforts in their respective countries; and a determination to indigenise social work approaches even as we recognise the value of intercultural sharing. If, because of family planning, we have tried to face up to the social work issues that we have posed during this Seminar-Workshop, then perhaps this is, indeed, the biggest contribution of family planning to social work education. For if, in the process of starting with family planning as an avenue of prevention and development, we move to the other parts of the development mosaic with the same zeal and vigor, then all the sharing and talking we have done here will not have been in vain.

[1] See pages 117-126, *supra*.

Appendixes

appendix a

Program of the Second Asian Regional Seminar:

"Maximising Social Work Potentials for Family Planning and Population Activities."

Contemporary social work professionals perceive their task along three levels – remedial, preventive and developmental. Whereas in the past, social work professionals worked primarily with the underprivileged groups in society, today's professional shifts his focus to the 'normal' population. This does not imply that social workers are no more interested in their remedial functions but rather that they regard their developmental tasks as vital: their basic goal is still the improvement of the quality of life for all.

Social scientists have established a link between poverty and large families. The exact causal relationship is not known but its nature resembles more a vicious cycle. With poverty comes other social problems like crime and delinquency whose roots may be traced to deprivation of one form or another.

On a macro level, national poverty is often prolonged by conditions of unrestrained population growth. Much as governments in both developed and developing nations are committed to the task of raising the standard of living of their people and maintaining a high level of economic growth, many governments have concluded that an unchecked rate of population increase swallows up any gain in GNP. Thus, many countries have adopted family planning and population control as a national policy.

As professionals, we see our responsibility as working side by side with the government in this endeavour to raise the standard of living of the people. Our interest in family planning and population activities is one facet of developmental social work. Because of our interest, we are gathered here for the next ten days to examine and sharpen our contribution to family planning. We hope to maximise our potentials but we shall also remember that potential energy remains latent energy until converted into tangible contribution.

JOHN ANG
Lecturer
Department of Social Work
University of Singapore

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Monday 5 November

Morning

8:30-9:30	Registration	*Eusoff College Seminar Office*
10:00	Opening Ceremony	*University New Lecture Theatre 3*

Presiding: Mrs. Ann Wee
Seminar Co-Chairman

Order of Proceedings:

1. Mrs. Ann Wee
   Head, Department of Social Work
   University of Singapore:
   WELCOME MESSAGE FROM HOST SCHOOL
2. Dr. Herman D. Stein
   President, IASSW:
   WELCOME MESSAGE FROM IASSW
3. Dr. Angelina C. Almanzor
   Seminar Chairman:
   OVERVIEW OF THE SEMINAR
4. Roll Call of Participants
5. The Honourable Mr. Tan Boon Chiang
   Deputy Chairman
   The Council of the University of Singapore:
   OPENING ADDRESS
6. Reception

Afternoon

2:00-3:30 **PLENARY SESSION I** *Games Room*

Chairman: Dr. Herman D. Stein
IASSW

DR. KATHERINE A. KENDALL
IASSW Secretary-General
"FOCUS ON PREVENTION AND DEVELOPMENT: NEW OPPORTUNITIES FOR SOCIAL WORK EDUCATION"
Discussion from the floor

3:45 Tea *Lounge*

4:00-5:00	Meeting of *all* Discussion Leaders and Rapporteurs: "A" and "B" Groups	*Games Room*

Tuesday 6 November

Morning

9:00-10:30	DISCUSSION "A" Group Series – Session 1	
10:30	Coffee	*Lounge*
10:45-12:30	DISCUSSION "A" Group Series – Session 2	

Afternoon

2:00-3:30	DISCUSSION "A" Group Series – Session 3	
3:30	Tea	*Lounge*
3:45-5:30	**PLENARY SESSION II**	*Games Room*

Chairman: Mrs. Sybil E. Francis
Jamaica

REPORTS FROM SEMINAR DISCUSSION GROUPS FOLLOWED BY DISCUSSION FROM THE FLOOR.

Evening

7:30	**PLENARY SESSION III**	*Games Room*

Chairman: Mrs. Thung Syn Neo
Singapore

MR. MEHER C. NANAVATTY
ECAFE Regional Advisor on Social Welfare Aspects of Family Planning

"THE UN'S PROGRAMME AND ACTIVITIES IN FAMILY PLANNING WITH SPECIAL REFERENCE TO ASIA"

Discussion from the floor

Wednesday 7 November

AGENCY VISITS

Morning

8:30-9:15 Briefing by Dr. Wan Fook Kee *Games Room*
Chairman
Singapore Family Planning and Population Board
"THE NATIONAL FAMILY PLANNING PROGRAMME"

SINGAPORE VISITS

Transport leaves Eusoff College at 9:30 a.m.

Group 1 – Family Planning Clinics as an Integral Part of the Maternity & Child Health Service
Arranged by Dr. Ann Lee of the Ministry of Health

Group 2 – Unit of Human Reproduction at Kandang Kerbau Hospital
Arranged by Prof. S.S. Ratnam
Professor of Obstetrics & Gynaecology
University of Singapore

Group 3 – Abortion and Sterilisation Clinic at Thomson Road General Hospital
Arranged by Dr. Sivasamboo
Consultant Obstretrician & Gynaecologist
Thomson Road General Hospital

Afternoon

MALAYSIA VISIT

Transport leaves Eusoff College at 1:45 p.m.

Delegates to bring passports which will be required at the Singapore/Malaysia border
Briefing on Malaysian family planning programmes by Dr. Shamsuddin bin Abdul Rahman, Director of Malaysian Family Planning Board at General Hospital, Johore Bahru.

Thursday 8 November

Morning

9:00-10:30 — **PLENARY SESSION IV** — *Games Room*

Chairman: Dr. Dolores B. Lasan
Philippines

DR. HERMAN D. STEIN
IASSW President
"SOCIAL DEVELOPMENT AND TRADITIONAL VALUES"

Discussion from the floor

10:30 — Coffee — *Lounge*

10:45-12:30 — DISCUSSION
"B" Group Series – Session 4

Afternoon

2:00-3:30 — DISCUSSION
"B" Group Series – Session 5

3:30 — Tea — *Lounge*

3:45-5:30 — DISCUSSION
"B" Group Series – Session 6

Friday 9 November

Morning

9:00-10:00 — **PLENARY SESSION V** — *Games Room*

Chairman: Mr. Peter Leonard
United Kingdom

MR. S.H. PATHAK
"THE SOCIAL WORKER'S ROLE IN AND CONTRIBUTION TO FAMILY PLANNING AND POPULATION ACTIVITIES"

10:00 — Coffee — *Lounge*

10:15-12:30	"REACTION SESSION": MULTI-DISCIPLINARY PANEL	
	Chairman: Mr. Peter Leonard United Kingdom	
	Panel: Dr. George Worth Educator, Korea	
	Dr. Henry Meyer Sociologist, United States	
	Dr. Emmanuel Voulgaropoulos Medical Doctor, United States	
	Professor T.T.B. Koh Lawyer, Singapore	
	Discussion from the floor	
Afternoon		
2:00-3:30	DISCUSSION "B" Group Series – Session 7	
3:30	Tea	*Lounge*
3:45-5:00	DISCUSSION "B" Group Series – Session 8	
5:00-5:30	WORKSHOP "C" Group Series: Meeting to elect Chairmen and Rapporteurs	
Evening		
7:30	Meeting of Asian Regional Association of Schools of Social Work	

Saturday 10 November

Morning		
8:00-9:00	Meeting of Workshop Chairmen and Rapporteurs	

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Monday 12 November

Morning

9:00-10:30 PLENARY SESSION VI *Games Room*

Chairman: Mrs. Esther C. Viloria
Philippines

FOCUS ON CURRICULUM BUILDING:
WHAT WE ARE DOING

1. Dr. Soledad Florendo
Schools of Social Work
Association of the Philippines
AN OVERALL VIEW OF CURRICULUM

2. Miss Elahe Kashanchi
FIELD LEARNING AND TEACHING:
IRAN EXPERIENCE

3. Dr. Aquila Kiani
RESEARCH IN FAMILY PLANNING:
PAKISTAN

10:30 Coffee *Lounge*

10:45-12:30 4. Mrs. Sybil Francis
CONTINUING EDUCATION AND
TRAINING OF NON-SOCIAL WORK
PERSONNEL: JAMAICA

Discussion from the floor on all four reports

RESOURCE PERSONS

Mrs. Maxine Ankrah
IASSW Consultant, Africa

Miss Luz Rodriguez
IASSW Representative, Latin America

Dr. Shamsuddin bin Abdul Rahman
Malaysia

Mr. Peter Leonard
United Kingdom

Dr. Henry Meyer
U.S.A.

Dr. D.I. Pakshong
Singapore

Dr. S.S. Ratnam
Singapore

Dr. Mildred Sikkema
U.S.A.

Afternoon	WORKSHOP: "C" GROUP SERIES	
2:00-3:30	Workshop on Course Content – Session 1	
3:30	Tea	*Lounge*
3:45-5:30	Workshop on Course Content – Session 2	

Tuesday 13 November

Morning		
9:00-10:30	Workshop on Course Content – Session 3	
10:30	Coffee	*Lounge*
10:45-12:30	Workshop on Course Content – Session 4	
Afternoon		
2:00-3:30	Workshop on Field Learning and Teaching – Session 5	
3:30	Tea	*Lounge*
3:45-5:30	Workshop on Field Learning and Teaching – Session 6	
Evening		
7:30	**PLENARY SESSION VII**	*Games Room*

Presiding: **MRS. KATHERINE B. OETTINGER**
IASSW Chief Project Consultant

"SHOW AND TELL"

An informal session on teaching materials and audio-visual aids

Wednesday 14 November

Morning		
9:00-10:30	Workshop on Continuing Education – Session 7	
10:30	Coffee	*Lounge*
10:45-12:30	Workshop on Continuing Education – Session 8	

Afternoon

2:00-3:30 Workshop on Research – Session 9

3:30 Tea *Lounge*

3:45-5:30 Workshop on Research – Session 10

Thursday 15 November

Morning

9:00-10:30 **PLENARY SESSION VIII** *Games Room*

Chairman: Dr. Angelina C. Almanzor
IASSW Regional Representative
Asia

REPORTING ON THE WORKSHOP THEMES

1. Course Content
2. Field Learning and Teaching
3. Continuing Education
4. Research
5. An Overview of Recommendations –
Dr. D. Lasan

10:30 Coffee *Lounge*

10:45-1:00 **PLENARY SESSION IX**
CLOSING SESSION

Presiding: Mrs. Ann Wee
Seminar Co-Chairman

THE WAY AHEAD

1. Dr. Angelina C. Almanzor
Seminar Chairman

2. Representatives from:

– The Participants
– Asian Regional Association of Schools of Social Work
– Singapore Association of Social Workers
– Host School

3. Dr. Katherine A. Kendall
Secretary General of IASSW and
Project Director

1:00 Buffet Lunch *Eusoff College Quadrangle*

HOSPITALITY AND ENTERTAINMENT

Monday 5 November

Evening 7:30	DINNER Hosted by Mr. Ee Peng Liang President Singapore Council of Social Service	*Hotel Premier (Poolside) Nassim Hill*

Wednesday 7 November

Evening 8:00	After-dinner visit to The National Youth Leadership Training Institute to meet Mr. Tan Kin Hian, staff and trainees of the Institute, at an informal reception	*National Youth Leadership Training Institute South Buona Vista Road*

Thursday 8 November

Evening	"HOME HOSPITALITY" NIGHT	

Saturday 10 November

Evening 8:00	"CULTURAL SHOW" Organised by the Singapore Association of Social Workers	*Eusoff College*

Sunday 11 November

Evening 7:30	DINNER Hosted by the Singapore Association of Social Workers	*Oxford Restaurant, Regional English Language Centre, Orange Grove Road*

Monday 12 November

Evening	"HOME HOSPITALITY" NIGHT	

DISCUSSION GROUP ARRANGEMENTS FOR "A" GROUP SERIES: SESSIONS 1–3

Groups	*Discussion Leaders*	*Rapporteurs*	*Venue*
A1	Mrs. Thelma LEE-MENDOZA Philippines	Mr. V. NADARAJAH Sri Lanka	Games Room
A2	Mrs. Nesrin GURAN Turkey	Mr. Bashir A. CHAUDHRY Pakistan	Lounge
A3	Mrs. Myong Heung RHEE Korea	Miss D.K. VAITHILINGAM Singapore	First Floor Common Room
A4	Dr. Ali BUSTAM Indonesia	Mr. Parviz B. NOORAFSHAN Iran	Library Second Floor

DISCUSSION GROUP ARRANGEMENTS FOR "B" GROUP SERIES: SESSIONS 4–8

Groups	*Discussion Leaders*	*Rapporteurs*	*Venue*
B1	Miss M. J. KINSEY Hong Kong	Miss June DOLLY-BESSON Jamaica	Games Room
B2	Dr. Soledad A. FLORENDO Philippines	Mr. Sang Nak HA South Korea	Lounge
B3	Miss Sema KUT Turkey	Mr. SOETARSO Indonesia	First Floor Common Room
B4	Dr. Ahmadullah MIA Bangladesh	Miss Nantanee JAYASUT Thailand	Library Second Floor

Sdl

DISCUSSION "A" GROUP SERIES

Membership List

A – 1

LEE-MENDOZA, Mrs. Thelma – Discussion Leader
NADARAJAH, Mr. V. – Rapporteur
CANH, Mr. Bui The
DOLLY-BESSON, Miss June
GUTIERREZ, Mrs. Felicisima
KIANI, Dr. (Mrs.) Aquila
KIM, Mr. Dock-Joon
KUT, Miss Sema
NAM, Mr. Sae-Jin
NANAVATTY, Mr. Meher C.
OCAMPO, Mrs. Alicia
RODRIGUEZ, Miss Luz E.
SOETARSO, Mr.
VOULGAROPOULOS, Dr. E. (M.D.)
WEE, Mrs. Ann E.

A – 2

GURAN, Miss Nesrin – Discussion Leader
CHAUDHRY, Mr. Bashir A. – Rapporteur
BATTUNG, Mrs. Fidelidad F.
GHARDASHAM, Mrs. Parichehr
JAYASUT, Miss Nantanee
KIM, Mr. Yong Mo
LASAN, Dr. (Mrs.) Dolores B.
LIYANAGE, Mr. Mathu H.
OETTINGER, Mrs. Katherine B.
PATHAK, Mr. S.H.
TULLOCH-REID, Miss Jean
MOON, Mrs. (Matthews) Insook
NG, Miss Agnes
STEIN, Dr. (Mr.) Herman D.

A – 3

RHEE, Mrs. Myoung Heung – Discussion Leader
VAILTHILINGAM, Miss D.K. Rapporteur
ATAULLAH, Mrs. Qamar
BONIFACIO, Dr. (Mr.) Manuel F.
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KASHANCHI, Miss Elahe
KAY, Mrs. Kazuko T.
KENDALL, Dr. (Mrs.) Katherine A.
KINSEY, Miss M.J.
LEONARD, Mr. Peter
MARSAMAN, Mr. J.
MIA, Dr. (Mr.) Ahmadullah
ONG-UY, Mrs. Delicia
RIGBY, Mr. Barry D.
WORTH, Mr. George C.

A – 4

BUSTAM, Mr. Ali – Discussion Leader
NOORAFSHAN, Mr. Parvis B. – Rapporteur
ALMANZOR, Dr. (Mrs.) Angelina C.
ANKRAH, Mrs. E. Maxine
ANWER, Mr. Salahuddin
BINTASAN, Mrs. Warunee
FLORENDO, Mrs. Soledad (M.D.)
FRANCIS, Mrs. Sybil E.
HA, Mr. Sang Nak
KIM, Mrs. Sun Sim
MEYER, Dr. (Mr.) Henry
MOMEN, Mr. M.A.
THUNG, Mrs. Syn Neo
VILORIA, Mrs. Esther C.

DISCUSSION "B" GROUP SERIES

Membership List

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Rapporteur
ANKRAH, Mrs. E. Maxine
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BULUT, Mrs. Isil
CANH, Mr. Bui The
GHARDASHAM, Mrs. Parichehr
GUTIERREZ, Mrs. Felicisima
KIANI, Mr. (Mrs.) Aquila
KIM, Mr. Yong Mo
MEYER, Dr. (Mr.) Henry
MOMEN, Mr. M.A.
NAM, Mr. Sae-Jin
PATHAK, Mr. S.H.
THUNG, Mrs. Syn Neo

B – 2

FLORENDO, Mrs. Soledad A.
(M.D.) – Discussion Leader
HA, Mr. Sang Nak –
Rapporteur
ATAULLAH, Mrs. Qamar
BINTASAN, Mrs. Warunee
LASAN, Dr. (Mrs.) Dolores B.
MARSAMAN, Mr. J.
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B – 3

KUT, Miss Sema –
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SOETARSO, Mr. –
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B – 4

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KIM, Mrs. Sun Sim
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OCAMPO, Mrs. Alicia
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C–4

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appendix b

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Second Asian Regional Seminar

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